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ABSTRACT

This proceedings contains selected papers from the first International Adventure Therapy Conference. The papers reflect a wide range of ideas about what constitutes adventure therapy and how it should be conducted. Presenting an array of international perspectives, programs, and practices, the papers expand the current literature, which has come primarily from the United States. Following an introduction, the 38 papers are organized into 6 sections: theoretical considerations, facilitating adventure therapy, working with adolescents, working with offenders and sexual perpetrators, working with mental health concerns, and working with families. The papers include the following: "The Journey in OZ: From Activity-Based Psychotherapy to Adventure Therapy" (H. Gillis); "International Models of Best Practice in Wilderness and Adventure Therapy" (S. Crisp); "It Is Better To Learn To Fish: Empowerment in Adventure Education" (I. Hyde-Hills); "The Wilderness Enhanced Model for Holistic Strategic Intervention" (R. Handley); "Adolescent Coping Styles and Outdoor Education: Searching for the Mechanisms of Change" (J. Neill, B. Heubeck); "The Wilderness Intervention Program: Change through Mentoring" (L. Haynes, S. Gallagher); "Integrating Adventure Therapy into an Adolescent Sex Offender Program" (D. Eger, S. Kilby); "An Evaluation of the Outdoor Adventure Challenge Programme (OACP) at Rolleston Prison" (E. Mossman); "Wilderness Adventure Therapy in Adolescent Psychiatry" (S. Crisp, M. O'Donnell); "Adventure with Adults Living with Psychiatric Disabilities" (B. Roberts, S. Horwood, N. Aunger, M. Wong); "Families at Play: The Dynamics of Intervention" (S. Bandoroff, A. Parrish); and "Exploring Together Outdoors: A Family Therapy Approach Based in the Outdoors" (R. Mulholland, A. Williams). (SV)

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ED 424 050

Exploring the Boundaries of Adventure Therapy
International Perspectives

Proceedings of the 1st International Adventure Therapy Conference: Perth, Australia

Christian M. Itin, MSW, PhD
Editor

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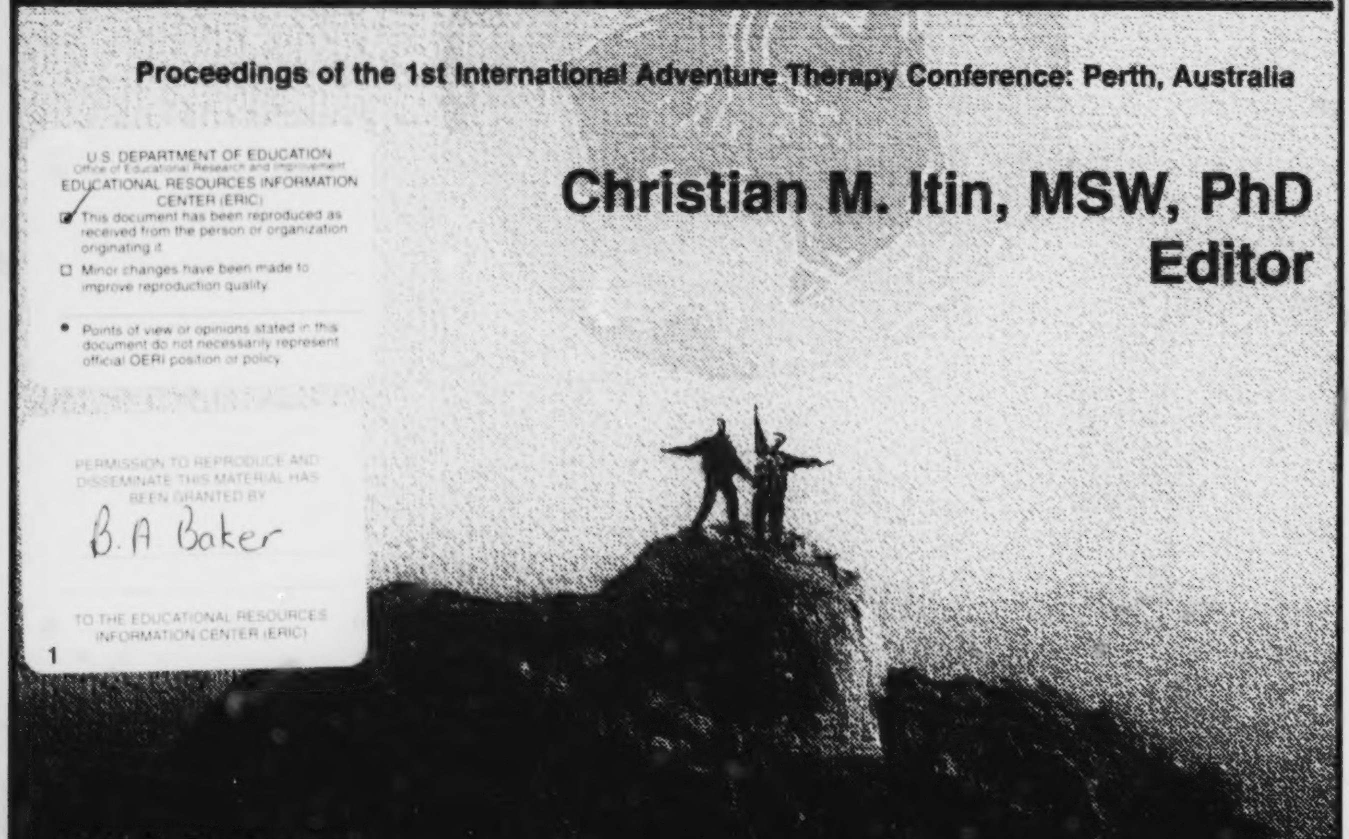

Article Reviewers

Johan Hovelynck, Marg Cosgriff, Scott Bandoroff, Willie Bannister, Don Kopf, Rob Sveen, Randy Haluza-DeLay, Amy Hyams

Camping and Outdoor Education Association of Western Australia

Therapeutic Adventure Professional Group
Association for Experiential Education

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Therapeutic Adventure Professional Group

Association for Experiential Education

2305 Canyon Blvd., Suite #100

Boulder, Colorado 80302-5651 USA

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1

Introduction

By Christian M. Itin, MSW, PhD

This book developed out of the First International Adventure Therapy Conference held in Perth Australia in July 1997. Originally conceptualized as the proceedings for this conference, the volume and quality of the articles submitted for review demanded that we publish this set of articles using the high standard of production found in textbook quality manuscripts. Thus one year after the conference, the book is published. Its title, *Exploring the Boundaries of Adventure Therapy: International Perspectives*, grows directly out of the theme of the conference. More importantly, it reflects the nature of the articles in this book. The range of ideas of what constitutes or does not constitute adventure therapy will certainly continue to push the boundaries of this field.

There is no one universally accepted definition of adventure therapy, or of what constitutes it and how it is best conducted. This is due in part to the range of meanings in the term therapy itself. In many respects therapy is like obscenity — you know it when you see it. There are many who would seek to define adventure therapy narrowly, along traditional clinical lines, consistent with sister fields of psychology, social work, or counseling. Many would take this narrow clinical definition and further define adventure therapy as working with "negative behaviors" or as Priest and Gass (1997) have defined it "mal-behavior." Others take a more liberal or generous view of what constitutes adventure therapy, defining it more broadly and not limiting it to negative behaviors. I have in the past defined adventure therapy as the use of wilderness and adventure activities to change and support meta-level behaviors (Itin, 1993). Regardless of the reader's definition, one or more of the articles in this book will challenge this definition or conceptualization of how adventure therapy is conducted.

This book does not seek to resolve or settle the definition of what adventure therapy is or how it is conducted. Rather the intent is to broaden it to a more international level. Although the Therapeutic Adventure Professional Group (TAPG) of The Association for Experiential Education (AEE) is an international body and has been a major force in the field of adventure therapy for close to 20 years, it has focused primarily on the practice in the United States of America. Hence much of the literature and discussion in this field has been from an American (United States) perspective. One example of how this book broadens the discussion is Jenny Bunce's article on *A Question of Identity*, which echos many of the same themes that the TAPG dealt with back in 1993 (Itin, 1993), making a clear distinction between therapeutic and therapy. This distinction is one useful way to begin to move the dialogue about definition forward, and with Jenny's contribution, the dialogue begun in TAPG moves to a truly international level.

There are many articles in this book that consider important theoretical ideas relevant to the field. These include the contributions of the five keynote speakers at the conference: Martin Ringer, Lee Gillis, Guenter Amesberger, Ray Handley, and Jenny Bunce, whose ideas are presented to challenge and provoke (or evoke, in the case of Ray Handley). There is a large collection of articles presented that deal with a range of issues in facilitating adventure therapy experiences for clients. Many of the ideas presented are new or relatively unexplored issues in the field including addictions or clarifications to the metaphoric model, questions about religious issues, and approaches to considering working with initiative activities. A range of articles are presented related to specific populations. These sections provide some nice examples of the types of therapeutic work being done throughout the world using adventure. There is a rich mix of both program descriptions and some early evaluative work on the programs. These models and supporting evidence will undoubtedly be useful to those who are designing and seeking justification or support for their programs. There are some particularly nice examples of how adventure therapy can be used with perpetrators of sexual violence, a relatively uncommented upon area in the literature. Because these articles represent a range of international perspectives they expand upon the current literature, which has primarily represented U.S. programs and American perspectives. In an increasingly global society that must be concerned with not only supporting but in fact encouraging diversity, this book provides a useful way for our field to move beyond the ethnocentric view points that have dominated the field. This does not negate the importance of earlier work in this field most notably Gass (1993) and Davis-Berman & Berman (1994), which the reader will note are both quoted extensively throughout this text. Rather, this book adds an important dimension to the growth of the field.

The reader is encouraged to keep in mind the notion of the comfort zone or comfort circle, with the inside of the circle being the "known" and outside the "unknown." The boundary this text explores is between the known and the unknown. Whenever we explore this edge there is fear and excitement, intrigue and skepticism, anger and acceptance, or a range of other emotions. If the reader keeps in mind that this text is about exploring the boundaries of adventure therapy and approaches it with the notion of exploring his or her own boundaries of understanding about adventure therapy, it will be a useful text.

A second piece the reader should keep in mind when reading this book is that, in keeping with the international nature of the articles, you will find three different forms of English within the text. Rather then converting all the articles to the U.S. version of English a decision was made to leave it in the English of the author. So the reader will find U.K. English, Australian English, and U.S. English. While they are relatively similar, the reader should not see them as typos or spelling errors, but rather an attempt to move to a truly international level. Clearly this is not as international as having each article in the language of the author (German and Dutch), but perhaps someday we will move to that point.

Finally the reader should know that not all articles submitted were included. Each article was reviewed by one of the reviewers and the editor and a determination was made as to include the article. The articles were edited for readability and form, but not for content. In some cases an article was included even if it was incomplete in some way because a decision was made that the ideas represented a significant exploration of the boundary of the field.

As the editor of this text, a contributor to it, and a presenter at the international conference I hope you enjoy reading these articles as much as I did. I hope you will be challenged by them, supported by them, and that they will improve your practice. Undoubtedly the ideas presented in this book will be built upon at the 2nd International Adventure Therapy to be held in Germany in March 2000.

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Ideas about Ideas: Exploring the Genesis and Movement of Conceptual Boundaries

By Martin Ringer

I wrote this paper because of my role in opening and closing the First International Adventure Therapy Conference. I write here about how ideas, personal identity and conceptual boundaries in our profession are manipulated to create meaning in our lives. I write, too, in a way that espouses self-responsibility in the adoption and expression of ideas, particularly when we may influence others. My passion for these topics has been growing for some time, and was strengthened by events at the conference where ideas were powerfully and sincerely expressed. It was also at the conference that I saw the start of rifts that could develop into schisms in the field of adventure therapy and that have the potential to slow our progress towards being a mature and credible profession.

I will begin by talking about the conference itself. Our vision for this conference was to help build an international network of relationships between people through the exchange of ideas and the growth of purposeful and friendly relationships. Our intention was that the resulting international network would contribute to the growth of exemplary practice, sound research and good management practice in adventure therapy worldwide.

The conference was organised around two premises. One premise was that adventure can provide a useful catalyst for personal change and the other was that some strategy in the application and facilitation of the adventure activities could increase the chances that participants will undergo lasting personal change. The purpose of the conference was not only to provide a forum for the exchange of information, but also to provide a reflective space in which each of us both challenged and supported our own understandings and the understandings of others. As I wrote this paper, I became curious about the parallels between my role in the conference and the role that the adventure therapy practitioner takes with her or his groups.

Maybe adventure therapy is primarily about providing participants with a reflective space. In support of this view, Ray Handley suggested that our role as adventure therapy practitioners is simply to orchestrate the experience for our clients. Our clients' pre-existing values and beliefs strongly influence the meaning they derive from their experience of the events in which they participate. The adventure therapist arranges situations that enable participants to experience and make meaning from challenges to these pre-existing beliefs. Perhaps the conference primarily offered an opportunity for delegates to experience and make meaning from challenges to our previously held values and beliefs.

If this is the case, both the conference convenor and adventure therapists are "stewards" where they "carry" in part the collective anxieties and wishes of participants. In this simile the steward performs the following:

- Collects both the spoken and the unspoken themes that emerge during the event. (The event for delegates was a conference. The event for our clients is often a group-based adventure activity.)
- Translates these themes into words and actions that enable participants to gain a sense of movement or progress.
- Translates the emotionally unbearable aspects of the themes into more palatable words.
- Summarises and reflects the themes back, with a sense of hopefulness about what has been achieved and what can be achieved, rather than a sense of despair about what has not been achieved and what can not be achieved in the future.

During the conference, Jenny Bunce named the recurring theme of "developing an identity," and as I will describe below, this theme blended with that of "exploring the boundaries." Within this context, four underlying themes continued to emerge as I listened to workshops, keynotes and casual conversations. I call these "underlying" themes because they were seldom discussed overtly but were relevant nonetheless. They were:

- Making meaning or our experience with ideas and conceptual boundaries
- Being responsible for our own ideas
- Being open to being influenced and influencing others
- Developing and maintaining curiosity.

We begin with a discussion of these underlying themes.

Making Meaning from Our Experience

The activity of "conferencing" may help to enrich the meaning of our lives and our work. Meaning is created in part through the manipulation of ideas and, as Jenny Bunce articulates elsewhere in this document, our ideas in part determine our identity. Ideas also define conceptual boundaries and in my view the boundary around adventure therapy consists *only* of ideas. We could consider that all of the boundaries we draw in adventure therapy are constructed entirely with ideas and hence any accepted boundary in adventure therapy is constructed by developing a shared perception of key ideas.

So in our attempt to create meaningful lives, we manipulate ideas and in turn develop conceptual boundaries. Those ideas and the consequent boundaries influence our identity, and our identity in turn guides us as to the ideas we will adopt and those we will not. This is a type of circular argument that leads us to the possibility that we are constantly moving in a co-created "concept-field" of idea-boundary-identity-meaning. The closing ceremony of the conference was moving for many of the participants. Some of the tears were likely from people who experienced a strong disturbance during the conference to the core of their professional identity. How did this disturbance occur? Probably some pain was created when participants perceived that boundaries were being drawn that excluded them from actively participating in the practice of adventure therapy. The drawing of boundaries is a responsible act, so let us look briefly at how the individual can act responsibly in the context of a collective such as a conference.

Being Responsible for Our Own Ideas

The conference was an agglomeration of individuals each of whose ideas influenced the collective decisions, even if some of us may not have understood that we were actually influencing the collective. It is very easy to miss seeing how each of us influences the larger body of opinion. I am reminded of a recent conversation with a friend whose opinions on adventure therapy are highly regarded by many practitioners. We were taking about the international "politics" of adventure therapy and how different regions of the world seem to promote different philosophical underpinnings for adventure therapy. My friend said "I'm not political, I tend to stay away from politics and in fact I get most of my information through Ms X." I said, "So you're non-political? Rubbish! The expression and publication of your ideas is a 'political' act."

I thought that if he really wanted to be non-political he should retract all he had written, which would in itself have been a political act. I justified this challenge with the view that the collective acceptance of an idea about adventure therapy creates a boundary in the field and hence *all* ideas and their associated boundaries are political in nature.

As you may have observed, I was challenging him to be more responsible by acknowledging the influence he has on the field. I have a passion for responsible behaviour. I would like us to be thoughtful about our ideas and to muse on how we arrived at what we now hold dear. For me, responsibility is derived from the following thought sequence:

> I choose my ideas based on my sense of who I am (identity rears its head again). Who I am is shaped in part by my values and my unconscious assumptions. Perhaps then, it would be responsible for me to explore the unconscious "filters" through which I accept and reject ideas. These filters strongly influence how I build and change my own conceptual boundaries. Why, for instance, do I get anxious if I think of adventure therapists becoming licensed? But then why do I get anxious when I think that adventure therapists may not develop adequate standards of practice? The exploration of these filters can be achieved by many means including disciplined peer group discussions, professional supervision and our own therapy.

Being open to Influence and Influencing Others

Being responsible for our own ideas often leads to an openness to change them, but since ideas are linked with identity and relationships, changing our core ideas can provoke anxiety. If I can have the same ideas as someone else, then perhaps I need not get anxious about our relationship. However, if I can't agree, I will probably become anxious. The future of the field of adventure therapy may in part lie in how we deal with the anxiety we feel when other adventure therapists have ideas that clash with ours. So let us look very closely at what happens at the point of disagreement.

I can not talk for all individuals, and so I will describe the worries associated with many disagreements and the reader may notice some parallels with his or her own experience. When I disagree with people, my first choice is too often to discount them. I have two tried and tested ways of discounting others. The first is to tell myself that the others are not knowledgeable enough. The second is to think of them as professional elitists who want to be prescriptive and exclusive.

Then if I am mature enough not to discount the person, I am left with the anxiety created by the disturbance to my own set of ideas. I may be left thinking discomforting thoughts like "If this new idea is so good, does it mean I'm dumb not to have adopted it before?" or "This new idea challenges a lot of what I used to base my behaviour on. Do I now have to act differently?" or "Do I have to *be* someone different?"

Regardless of how we personally react to disagreements, I believe we all need to make a concerted effort to be responsible about how I deal with conflicting ideas. How then can I and others like me deal effectively with challenges to our conceptual "sacred spaces"? How do we develop ways of adopting, using and influencing with ideas?

Adopting new ideas becomes easier as we start to know from deeply inside that we will continue to exist and be valuable even if we drop our old ideas in favour of new ones. I think that a "robust" sense of self could well be a pre-requisite for conceptual flexibility. Often, underlying our sense of self is our sense of culture, and I think that those of you who have a strong association with a particular culture may be blessed with the bedrock for having a robust sense of self. Forming friendships with persons whose ideas are different to our own can also help us adopt new ideas. In this way we become open or "permeable" to the new ideas that this friend expounds. In this way we can maintain our curiosity about how this likeable person can hold such potentially threatening ideas while maintaining our curiosity about the ideas themselves. So for many of us, ideas are conveyed primarily through relationships. However, relationships are strengthened by commonality of ideas. Thus we again find ourselves in a complex system of mutual influence.

The way in which adventure therapy builds a complex interdependent community of people-linked-with-concepts was brought home to me recently when I reflected on an experience that started in November 1992 in Banff, Canada. I was attending an international conference of the Association for Experiential Education and joined up with a group of individuals, from the Therapeutic Adventure Professional Group, walking and discussing adventure therapy. I was walking alongside an enthusiastic young man and became engaged in a conversation about how we manage the boundary between therapy and education. My companion had a "fire in his belly" about this topic. So did I. I'd been subjected to some pretty marginal experiences in my group-work training, where I had felt more like an unwilling victim of a therapy demonstration than a member of a training group. As we walked, I described a rudimentary model that identified the depth of personal engagement in group events that I learned through my psychodrama training. That young man with a fire in his belly was Lee Gillis. Some of you will know that we spent many hours with hundreds of workshop participants over the next three years developing a model of psychological depth in groups that was eventually published as a paper in the *Journal of Experiential Education*. What had started as a casual conversation on a walk at a conference, grew to involve hundreds of others and finally emerged as a collectively developed model that many people now find useful.

Influencing Others

In the last few paragraphs I've talked mostly about being open to influence, but as I re-read this last section I realised that Lee, myself, and hundreds of others formed a delightful field of mutual influence as we chewed over ideas about managing psychological depth. Perhaps then, an important corollary to being open to influence is that others around us loosen up and become more open to being influenced.

Let me tell you, there's one thing you *must* accept from me, and that is that you will "fail" to change people's thinking if you "ram" ideas down their throats. I guess herein lies the paradox. When we have great ideas, it is easy to feel tempted to change the world by telling people how to think, despite knowing from our own experience that changing ideas comes through engaging with the other person's interests, passion and curiosity rather than trying to force our ideas on them. Often, the more passionately we believe in the importance of our idea the more forceful we are in promoting that idea, and hence the less successful we may be in influencing others. How am I doing?

Curiosity

I want to influence you to think about curiosity. I want you to believe what I believe. That is, curiosity is a valuable gift that oils the wheels of influencing and being influenced and that often the value of curiosity is overlooked. I like to be aware of the waxing and waning of my own curiosity. For instance, what stops me from being curious? What assists me to be curious? The building of our capacity for curiosity may well become a core competency during the next fifty years. Let us be one of the first professions to model the deliberate building of curiosity as an attribute that we overtly value. That building of curiosity may well need to be accompanied by an understanding of how we lose curiosity.

One thing that stops me from being curious is a fear of my own emotional response to people, ideas and the world in general. This fear all too often sits below my awareness and becomes visible in a form different from fear. By some magical trickery I manage to turn my fear into the sense that the other person is a threat to me. In this case I'm not even aware that my perception of the other person as a threat is really just a displacement of my own fear. (In psychological terms this "mechanism" is a combination of "splitting" and "projection.") One aspect of self-responsible behaviour involves closely monitoring our own emotional vulnerabilities and our own potential to perceive that the cause of our troubles lies out there in the world. Instead of seeking to change the world, sometimes we could do better to acknowledge and deal with the trouble we are having in managing our *own* emotional lives.

Specific Issues Addressed at the Conference

There was little doubt that the conference was a passionate experience for many. Delegates found great comfort in finding themselves amongst others who believed so strongly in the potential for adventure-based interventions to provide opportunities to participants for personal transformation. The conference provided a unique community of people and ideas that is difficult to achieve for many therapeutic adventure practitioners.

However, in the context of this comfort, some divisions became visible. For instance, division occurred in the discussion about how we can balance professional and ethical standards. Practitioners have diverse levels of expertise in managing safety and quality, both in adventure pursuits and in therapeutic endeavours. How do we nurture the development of practitioners whose current standards of expertise fall short of "professional" standards?

Those who said that we could only engage "qualified" practitioners were asked, "qualified in what?" Their answers were almost entirely based on standards set by professions such as social work and psychology. Currently, we don't have "adventure therapy" standard, and so either we need to develop standards ourselves or create a mix-and-match set of standards, taken from other professions. How then do we honour the expertise of the very experienced and talented people who have achieved competence through routes that do not fit the structures required for qualifications in social work or psychology? If we fail to include them, would we lose some of our best practitioners? Is this loss perhaps a necessary cost for establishing a set of standards? This is a struggle that was only partly addressed by the Ethics Forum that met during the conference. We have much more to discuss about human and "political" aspects of promoting high standards of practice without cutting out people (like myself) who do not have university qualifications in therapy.

Adventure therapy attracts innovative people. Many of these creative folks came to the conference to share and to build their sense of place in an exciting "new" field. Some of those people left the conference distressed because they heard that they were not qualified and should not be practitioners. Some who left distressed also saw hope that they may be able to "join the club" once they've undergone more training. But when they asked who could provide "accredited" training, few were able to raise their hands. The conference began exploring options for training and accreditation through a Forum on Training and Accreditation, but again, we have a long way to go before we can claim to have coherent adventure therapy qualifications that are respected in other professions.

Some said, "we can provide training when we're clear about the competencies required." So the Competencies Forum met and began establishing guidelines. Nobody quite knows who will apply the guidelines in what context, but hopefully the discussion on competencies will add to the wisdom and maturity of our field.

Then there was pressure from some to define adventure therapy. They said "How can we set ethical standards and competencies when we don't even know what adventure therapy is?" Perhaps if we define "it" we could establish more clarity about who could do "it" and who could not. Perhaps if we know what "it" is then we could find out if it works and what particular forms of practice are most effective. In part to address this issue, the Research and Evaluation Forum conducted a discussion about means of measuring and developing adventure therapy programs.

The forums, special interest groups, workshops and keynotes provided a rich set of opportunities for discussion, dialogue and exploration. So much happened at the conference that I find it difficult to end this paper because there is so much remaining unsaid. However, the extensive set of papers in this proceedings document will testify to the quality of the conference and to the field as a whole.

In the opening speech I said something like,

> … There are some generic boundaries involved in adventure therapy that need to be examined. We could frame them, as questions like:
>
> - What is the relationship between psychotherapy and adventure therapy?

- When do adventure activities become adventure therapy?
- What is the substance of the boundary between competent adventure therapy practice and incompetent practice?
- What is the nature of the boundaries between recreation, education, development and therapy when they are set in the context of adventure?
- What makes an activity adventure?

These questions and many others were addressed in a way the contributed to the development of a constellation of relationships and ideas that moved the field of adventure therapy a little further in the direction of maturity. We faced, and continue to face, some competing values and competing goals in our field. We have the potential to either create a powerful synergy or a crazy pavement of bickering sub-groups. And so— as our journey continues — one vital question keeps re-emerging for me, and that is: "On what principles do we base the nature of our interaction as we work together to build the field of adventure therapy?"

3

The Journey in OZ: From Activity-Based Psychotherapy to Adventure Therapy

H. L. "Lee" Gillis, Ph.D.

Preface to article

My goal in this chapter is to share a co-created map of the adventure therapy field developed at the Adventure Therapy conference in Perth, Western Australia. I shared a process in the keynote that was designed to empower the group present to define tasks needed by adventure therapy in the future; whether that future was the four days of the conference, or the next four years or the four decades following the conference.

I chose to be interactive in the keynote and acknowledge all the "wizards" in the room who could easily stand where I was humbled to stand that day. My "acknowledgment" of wizardry came in generating tasks for the delegates by asking questions that were answered in small groups, formed from pairs that were created by partnering with someone sitting nearby in the auditorium. I gave short time periods to answer the tasks and trusted the process that those in attendance would do what they needed to with the time given. Only the final task results were collected in written form; those are presented in this chapter with some additional comments.

Although there is no way to capture what occurred in the many discussions that followed my generating the four tasks, I do hope my attempt to *co-create* a future path for the field and to frame what came of that initial co-creation is made clear by following a story line. *The Wizard of Oz* (Baum, 1900) was the narrative; more of Wizard's involvement is explained later. Also be aware that in *writing* this keynote that was *spoken*, I sometimes vacillate between present and past tense. I apologize for any inconvenience - perhaps the use of tense-switching as a "confusion technique" might bring some clarity to of the points you need to take away.

Parallels between Adventure Therapy and Group Psychotherapy

I wish to share potential parallels from the history of psychotherapy and then offer a narrative for framing the map we create today. In my address I presented the audience with a task. As the reader I give you the same task:

Your **first task** is to digest the points made and form your own reactions.

In reading a recent review of the history of small groups (Scheidlinger, 1995), I was struck by several themes that were similar to the history of adventure therapy. These themes include a) an initial acknowledgment of those who used group process for healing long before there was formalized group work, b) the response to national or international stressful challenges, and c) developmental issues that are perhaps archetypal to the development of a field/profession.

We who identify with adventure therapy, as would those identify with group psychotherapy, acknowledge that many of the native peoples throughout the world valued group work. These people may generally be identified as folk healers, prophets, shaman, storytellers, ministers, actors and others who valued the group as an agent of change. We owe them a great debt and all of us can learn more about adventure therapy by studying the ways of these groups.

Secondly, I label as "crises-trauma-challenge" based those issues that resulted from reactions of a field to the stress and challenges of war, social unrest, or are perhaps an example of a zeitgeist[1]. I wish to separate these from developmental issues that may occur in any field and are documented as occurring in group psychotherapy. The seeds from these musings come from Scheidlinger's (1995) history of small healing groups.

Crises/Trauma/Challenge-based issues.

Beginning by accident

Observation: Joseph Pratt is often cited as the first to use formal group work methods by meeting with a client population who shared a similar problem (Tuberculosis) and addressing some of their shared needs through didactic lecture. He came upon this method almost by accident in the sense that he was able to react to what was happening in the waiting room among his client's relatives: talking about their shared concern.

Question: Might Kurt Hahn's work in Abordovey (Kimball, 1993) be seen as the accidental beginning of therapeutic adventure as Christian Itin has alleged, or might we go back further to native and biblical traditions of going to the woods or bush for inspiration, solitude and personal change for our beginnings.

A reaction to social trauma

Observation: The rapid growth of group work at the end of WWII created a need to treat larger numbers people. Not only was individual psychotherapy expanded, but also the use of group work was became a necessity in order to work efficiently and pragmatically.

Question: Might the use of the Outward Bound model as an alternative treatment to corrections (Kelly, 1968) have served as a springboard that allowed experiential work in the out-of-doors to flourish? Initial reports of reduced recidivism of a 21-day expedition compared with traditional treatment led to many resources being invested in the development of adventure programs for adjudicated youth.

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[1] The spirit of the time; the taste and outlook characteristic of a period or generation.

Observation: The rapid growth of the community mental health movement in the United States in the 1960s and 1970s allowed many alternative forms of treatment, in the form of activity based work: art, dance, play therapies. In addition there was perhaps the more psychologically damaging marathon groups and the encounter groups led by untrained persons to which the traditional field of group psychotherapy reacted.

Question: Might the deaths of young people in wilderness programs with militaristic attitudes cause adventure therapy to examine its values and ways of working so as not to be "lumped in" with fringe groups (Griffin, 1995)?

Observation: Managed care in the USA is forcing many practitioners to begin to work in group formats due to groups' cost efficacy (Gottlieb, 1997).

Question: Might adventure therapy's cost-effective way of working with young people be a blessing to state governments and a curse for our own pocketbooks as professionals? While many of our colleagues are employed by agencies working on government contracts, their pay is substandard for the level of education and types of programming involved.

Developmental issues.

Having beginnings in an activity base

Observation: Slavson and Moreno, pioneers in group work, used activity and movement as primary methods because they felt these methods were the best ways to practice in a group. The "legitimizing" of group work by psychoanalysis led the group field into areas of "talk therapy" and left the activity base until it was picked up later by art and music recreation and other experiential therapies.

Question: Has adventure therapy lost its roots in stress/challenge expedition work or has it failed to move beyond these roots?

Dominance of a prevailing ideology

Observation: Psychoanalysis was the dominant view within mental health and held reign over many of the "alternative" approaches that grew from it and other thinking. As mentioned above, the movement of psychiatry into group psychotherapy gave it some legitimacy while leading the field to embrace a prevailing ideology: psychoanalysis that perhaps limited the growth of other views of group work for many decades.

Question: Might there be a short term expedition model that has so dominated the field of adventure therapy that it has served in the same role of psychoanalysis? Has fascination with Hahn's model of Outward Bound limited the amount of growth that therapeutic camping and high/low ropes course activities have received?

Not recognizing others of different thinking

Observation: While attempting to legitimize group work to the larger field of mental health, there was a movement to only recognize those who held degrees in psychiatry or psychology. Squabbles emerged in group psychotherapy as claims of hegemony[2] emerged from schools that dared question psychoanalysis.

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[2] This is the predominant influence of one state over others.

Question: Are models of therapeutic camping or high/low ropes work given equal weight and acceptance in the field of adventure therapy, or are they lumped together under in a similar tent?

Initial characters in the field

Observation: Initially, people who believed in or "discovered" group work were coming from outside of mainstream mental health and served in careers such as internist, ministers, engineers, and educators.

Question: Adventure therapy has a history of bringing together traditionally trained and non traditionally trained people who have gathered under a similar tent without much discussion of whose training might be more in line with adventure or with regard to whose experience is more valuable to adventure therapy. The field has generally valued each other without arguing about degrees and diplomas, tending to value experience and passion. Might adventure therapy's history of being open to people of all walks be both a blessing and a curse? Does our inclusively keep us at arm's length with legitimacy to the larger field of mental health?

Warring factions in group psychotherapy

Observation: Group psychotherapy had two individuals who carried on a public debate that many reflect on as being detrimental to the entire field's growth. Slavson & Moreno carried on their public fights for 40 years. They even created two separate associations (American Group Psychotherapy Association and the American Society for Group Psychotherapy and Psychodrama) and they were known for not recognizing the other.

Question: Might there be those in adventure therapy who represent various factions in the field that might serve to send the field down a similar road and repeat their past? Are there more agreements or disagreements between those who work primarily in expedition formats from those who work exclusively with ropes courses from those who only work in residential therapeutic camps?

Definition issues

Observation: The group field appears to have argued over whether there was a difference in group therapy and group psychotherapy and group counseling. There were also arguments over whether what one practitioner was doing could even be classified as group psychotherapy. There also existed tension between those doing what they called therapy, those who defined their work as psychoeducational, and those who said they worked experientially.

Question: Might adventure therapy's struggles to find a common way of talking about *what* we do (adventure therapy, therapeutic adventure, wilderness therapy, alternatives to corrections, mental health, adventure-based counseling, etc.) (Gillis, 1992) be just a growth period we must pass through, or is it just a hindrance?

Summary of questions group and adventure parallels.

Are there positive connections between group psychotherapy's past use of adventure therapy that are worth exploring as ways of moving adventure therapy forward? Are there "scary connections" between adventure therapy and the larger field of group work that should serve as signpost for impending danger ahead on our journey?

Sharing Reactions and Connections in Pairs to the First Task

After this first part of the address the audience was provided the opportunity to share and connect with another person. The instructions I gave the audience are as follows.

Task One:

- Be prepared to 'pause' when I put up my paws by putting up your hands and closing your mouths (but not your minds) in order for us to do the next 2 tasks.
- Find one other person who is sitting around you - preferably someone you do not know.
- Share your reaction to the similarities and/or difference between the history of group psychotherapy and the history of adventure therapy, as you know it.
- Find 3 connections you may share with that person on positive or negative connections between the 2 fields.
- Do all this in 3 minutes.
- Get together with 2 other pairs to form a group of 6 and QUICKLY go around and BRIEFLY share your connections.

The Wizard of Oz as a Narrative for the Future of Adventure Therapy

Use of *Wizard of Oz* story

My own history with watching *The Wizard of Oz* as a child was being equally enthralled and frightened. The movement from black and white to color as Dorothy enters Oz was fascinating. The witch terrified me. The music and rhythms became part of my own work as we sang "O - E - O" at camp or on a long hike. The story was part of my fabric.

Ten years ago I went to a workshop with Jean Houston (Houston, 1982), who used the *Wizard* story as a transformational myth. In a three-day weekend workshop the large group I was part of "experienced" the story in word, music, and activities.

Last year I used the themes of the story as they informed cognition (scarecrow), affect (tin man), behavior (cowardly lion), hope (Glenda the good witch), promises (Wizard) and fear/evil (Wicked Witch) in a college class focused on risk and challenge. The story helped link the group and provide a narrative for a journey through issues of personal risk and growth.

Just this past year my daughter played a munchkin in the school's rendition of the story. As I write this, the university's Admissions Program has placed balloons all over campus welcoming in new freshman and using the same theme. It's everywhere! What is the message here?

A guiding narrative?

In a recent article Michael Murphy (1996) relates the story through the movie version as a narrative for good psychotherapy. I found his writing sparked my thinking about the story as a narrative for the future of adventure therapy. I wish to share some elements from the story and speculate on how the journey down the yellow brick road might be a narrative for co-constructing our own map. I use the movie's version of the story instead of the actual story in that, as the Murphy notes, it is more apart of North American consciousness than the book version.

Characters

The initial characters in the movie include the following people or places:

- Kansas provides a context for the story and implies a demoralized society with a strong sense of hopelessness. Much of this hopelessness is represented in the bleak environment portrayed. This bleakness and hopelessness was even portrayed in the home of the main character, Dorothy.
- Home (with Aunt Em & Uncle Henry - Dorothy's guardians) was represented in gray and bland tones and served to portray relatives raising Dorothy in an atmosphere of security but where they were too busy trying to make a living to have time for Dorothy's curiosity and wishfulness.
- Dorothy, seen as an exuberant pre-adolescent fighting her boredom by playing with her dog, Toto, and dreaming of life "somewhere over the rainbow."
- Toto, the wonderful pet and playmate, initiatives action in Dorothy's life by being curious, impulsive and energetic.
- Elvera Gulch, the rule-bound rigid and powerful neighbor who takes Toto away from Dorothy for digging in her garden. Toto escapes from Elvera and returns to Dorothy.

The return of Toto sets off a double bind for Dorothy where she perceives no alternatives. She cannot go home for fear of losing Toto. She feels her only alternative is to leave the security of home. She feels hopeless and decides to run away. From here she enters the tornado that results in Dorothy losing her way and ultimately finding her way back home.

According to Murphy, Dorothy's crises of feeling demoralized are a result of a perception that she lacks both adaptive skills and adequate resources to do what she needs to do. Her demoralization is brought on by both the crises of trauma (losing her dog and being caught up in the "twister") and the crises of normal development (becoming autonomous). The resolution of such crises requires change — both internal and external change. Prior to this change comes anxiety, confusion, and feelings of a lack of organization and effectiveness. (Can you hear or feel the frontloading taking place in the sentence above?)

Dorothy feels incompetent and anxious perhaps due to a dependency on others (her aunt and uncle as well as the powerful Ms Gulch). In achieving her autonomy over this dependence (a common developmental path for adolescents) Dorothy networks with others (story characters) and becomes interdependent through becoming connected.

Perhaps adventure therapy's crisis is also a struggle and tension between the internal and external forces. Internal forces include trying to make a living and meet our basic needs by hassling with those who are in charge of decreasing financial resources. External forces include the ever decaying social fabric that has those of us at the front lines of adventure therapy seeing greater numbers of youth (and adults) in more severe crises. The view can be as bleak as that Kansas landscape and perhaps produce just as much hopelessness. What can the field learn by looking for the links with Dorothy's situation?

How does adventure therapy move past this crisis?

First, adventure therapy may need to develop a strong sense of identity and autonomy that is not dependent on others and is, at the same time, connected to others in adventure programming or mental health. This would be a developmental way to examine the field and perhaps provide some clues as to where to go first. Secondly, perhaps those of us in the field might recognize that we do need each another in order to survive, and thus the field needs to achieve a state of interdependence from within.

To go about co-creating this map, there might be some answers within the story once Dorothy lands in Oz. First, this story is powerful and multi-layered and there is not time to deal with all the symbolism and meaning inherent in the characters of Toto, Glenda (the good witch), the ruby red slippers, the Munchkins etc. We might get sidetracked in this short time. I encourage you the reader to look again at both the movie and the written story for ways these characters might be of help. For now, we will deal with the main characters.

The focus here will be on four core elements/characters Dorothy meets along her travels down the yellow brick road. She is headed down this path to meet the powerful Wizard of Oz, who she hopes will help her get back home to Kansas. To facilitate this task I would like for you to consider these instructions:

Task Two: As you re-familiarize yourself with this story, note parallels with the four primary figures and what they might have to say to adventure therapy—I mean Dorothy.

The Scarecrow is the first character Dorothy meets. He believes his incompetence and inadequacy can be remedied if he only has a brain. He joins Dorothy to meet the Wizard.

Question: Does adventure therapy lack knowledge and competence?

The Tin Man is next. He believes he cannot give or receive love because he has no heart. He joins Dorothy to meet the Wizard.

Question: Does adventure therapy lack passion, intimacy, and caring for one another?

The Cowardly Lion is next. He believes his lack of courage keeps him full of fear and anxiety. He joins Dorothy and company on their expedition to meet the Wizard and joins the journey along the yellow brick road toward the Emerald City.

Question: Does adventure therapy lack courage?

Finally the Wicked Witch is encountered prior to reaching Emerald City. She numbs the awareness of the group by scaring them with her magic and routing them through a field of poppies to alter their perceptions and put them to sleep.

Question: Does adventure therapy lack the ability to face fears and not be misled by an altered state?

Task three: Draw on a sheet of paper a LARGE circle to represent Oz. **Highlight four areas on a map of adventure therapy.** Inside the circle draw 3 smaller circles to represent 1) the scarecrow's area of competence/knowledge: BRAIN; 2) the tin man's area of passion/intimacy: HEART; and 3) the cowardly lion's area of fear/anxiety: COURAGE. Identify at least 1 issue adventure therapy seems to be lacking in each of the 3 areas. Perhaps the opening of the song "If we only had a _______" might serve to stimulate your thinking.

Outside the circle identify 1-3 'wicked' forces that threaten adventure therapy's journey on this map.

When Dorothy and company finally make it to Emerald City the all-powerful Wizard will not talk to her and her travelers until they perform a task. The Wizard gives them a task, which seems impossible: To get the broom of the wicked witch! In achieving this impossible task, Dorothy and friends each face their perceived individual inadequacies and find what they need along the way.

Task Four: What task might the Wizard ask us to do as a field?

Identify a task for adventure therapy that may seem impossible but might help adventure therapy face the areas of the map that were found to be lacking.

Utilize some solution thinking from group psychotherapy and from adventure therapy in order to develop this task.

Dorothy as you may remember achieved her task and came back to the Wizard who was found to be a fraud. "You're a very bad man," Dorothy said. "No," replied the Wizard, "I'm a very good man, I'm just a very bad Wizard."

The Wizard recognized the achievements of her three companions by giving them symbols of knowledge, passion, and courage. He could not help Dorothy and in fact leaves without her, thanks to Toto. She was only able to help herself, as Glenda the Good Witch informs her. She only needed to click her heels together to get where she wants to: HOME. Dorothy asks why she could not have gone home the first time she met Glenda. Glenda replies that she *could* have, had she only believed. What must we as adventure therapists come to believe?

The following section outlines some of the tasks that were identified at the conference. The tasks may seem impossible but might help adventure therapy (AT) on its journey back to Kansas or out of Oz. So as you read the challenges, consider are you willing to get the broom from the wicked witch?

According to the participants in the keynote address who responded to this task, adventure therapy needs...

Theory

- To know what makes an adventure therapist & how one qualifies for the title;
- To have a common definition of adventure therapy (which is not prescriptive); common boundaries; measure success; maintain & utilize diversity within a common boundary; enrich discovery of adventure; encompass all cultural differences;
- To focus on understanding process rather than product;

- To look at why it is such a big step to step back to nature and the stripping away of distraction so that people are free to develop, differentially between programs;
- To be open to input on spirituality;
- To reevaluate the role of fear & program sequencing & risk disclosure;
- To define what AT is globally/culturally;
- To cut the jargon: define our language & simplify it;
- To develop the soft skill perspective;
- To de-mystify therapy - there is a lot of stigma attached to this word & linking/attaching it to a word like adventure which has positive connotations...are we simply trying to package therapy in an attractive way?
- To formalize "what is adventure therapy";
- To have training & understanding in psychology; to identify areas of psychology relevant to adventure therapy; to understand the process of change; to have no 1-step ideas ;
- To re-address the connection of each segment (brain, heart, fear);
- To develop more emphasis on behavioral outcomes & change;
- To recognize cultural differences (what works in the USA might not work in Australia).

Research

- To quantify the effects of our work; to define exactly what our work is;
- To evaluate & analyze & develop solutions & ideas & share concepts about adventure therapy consistently, individually, in small groups & large groups;
- To provide independent research into programs;
- To make researchers available to practitioners. This needs to be a partnership between practitioners & researchers. A time needs to be set aside for programming to do the research. This needs to be marketed as an important function of programming i.e., It needs to be legitimate to stop programming for a month to achieve this goal;
- To develop more work on research, resources, success rates; network to share/garner information (e-mail, chat rooms, conferences); cost benefit analysis toward institutional care etc.;
- To demonstrate through research & evaluation that long-term change has taken place;
- To define objectives & goals, define special interests/aims, categorize, then define the methodology, provide procedures & guidelines, & provide means of assessment;
- To promote research & coordinate information exchange;
- To identify potentials risks of carrying out our work: what things do we probably act courageously & do? What things can we probably not do (at least not yet)?
- To have accountability to individuals (clients) & research; using these two to promote acceptance by mainstream therapies & economically more efficient & better programs;
- To gain greater credibility for adventure therapy by researching, evaluating & reporting the impact of AT programs much more rigorously;

- To promote the general knowledge in the community of its value by the development of its own body of knowledge, research, & empirical measurements plus the pooling of knowledge by regular networking;
- To provide for evaluation & research to develop a field of knowledge to assist learning, to continue development, to educate others, to draw government funding to assist programs.

Practice

- To commit to the full process of discussion & interaction as to our vision for adventure therapy (the value is in the process of clarification, not the destination);
- To have facilitators be sensitive toward people's fears - identifying what they are - i.e., Not assuming that the fear is of outdoor activities;
- To explore our own identity by giving & receiving honest feedback & becoming aware of our own behavior by modeling behavior we wish to encourage;
- To have a professional organization with clear ideas about the evolution, research, accountability (with some clear professional guidelines for groups who wish to be affiliated);
- To start each participant on a path of self discovery (rather than discovering only what a leader/therapist wants/needs to do for themselves);
- To actively dialogue with youth (what do THEY want?);
- To allow youth to *do* & not to talk *at* them;
- To set standards for accreditation;
- To develop a code of practice & ethics;
- To gain self awareness by asking self questions, reflectiveness in context of relationships with others;
- To go out & find the tools which help you do what you are doing
- To form a recognized functional international professional body (to form an identity);
- To form an association of adventure therapists to facilitate supervision on processes & training/research programs to assist in credibility of adventure therapy;
- To form an international association of adventure therapist with a code of ethics;
- To develop accreditation at counseling & outdoor levels;
- To encourage individuals, groups, & families to get out together & do things that challenge them & their potential; their internal & interactive abilities/qualities that help them & others reach their real potential; AT needs not exalt itself but the principles it represents;
- To establish a professional journal of theory & practice dedicated to adventure therapy.

Advocacy

- To use our collective passion/enthusiasm to address the common "big issues" including finding our common ground, establishing standards, funding, research, and credibility (The issues *other* than dealing directly with our client/populations).

- To steal the following brooms: (a) medical discourse concepts/ideas/therapies;(b) philosophy/education from other sources (e.g., environmental education) & (c) funding (government & private)
- To advocate through a professional body for the legitimizing of the profession,
- To market the concepts of adventure therapy;
- To market/sell ourselves as "who we are" (but who are we?)
- To target bosses & challenge them in a program to develop their compassion for employees.

Networking

- To develop an awareness of the AT industry in other industries
- To network & communicate
- To encourage forums/networks & continued development, to share stories, anecdotes, metaphors, to nurture ourselves, to compromise ideas according to economics
- To establish through networking theoretical frameworks & to build programs into bigger systems
- To fulfill these resources: conferencing, email, reciprocal placements, acceptance that will implement different strategies & models
- To work on international networking & develop a common language.

Discussion

Murphy (1996) makes the point that good therapist can be like good Wizards by setting up hope and expectations for change in their therapeutic relationships. The narrative of *The Wizard of Oz* highlights some fundamental rules of being a good therapist or facilitators. We can only direct, guide and clarify for our client groups; change occurs when the client acts! If we as adventure therapists believe we have special powers to make change happen, the kind of powers that some clients believe us to have, we will only stand in the way of real change occurring.

Murphy highlights Jerome Franks' elements of effective treatment as being connected to the idea of being good wizards. I have taken some liberty to expand upon each of these as they relate to adventure therapy. First is the treatment setting. Adventure therapy would appear to have a strong ally in setting as our use of the outdoors and other risk/challenge settings can set up many assumptions on our clients' part. Second, a conceptual schema is needed. Writings on models of therapy that fit with adventure are one of the weakest areas available to our field at the moment. Finally, a prescribed set of procedures is needed for effective treatment. Here again, our tools are another powerful, but not well understood, part of adventure therapy.

Group work, at least in North America appears healthy. As a field, group work has apparently weathered their collective history and are doing well. It is estimated that at least one half of all inpatient settings in America use group treatments [Scheidlinger, 1995 #276]. How much further along might group therapy have been without their developmental problems? Or were these necessary for them to be where they are today?

By committing to continuing dialogue about the "witch's broom" tasks defined here from the wizards in and around us and by clicking our collective heels together, we certainly have the ability to achieve the challenges we set for ourselves as a profession.

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4

Theoretical Considerations of Therapeutic Concepts in Adventure Therapy

By Guenter Amesberger

Introduction

I will make three introductory comments to this paper.

First, I am delegated from the European Institute for Outdoor Adventure Education and Experiential Learning so I will include some basic and common ideas of the institute's members and representatives in this paper. A very short overview of different adventure education and therapy activities is given. The many different types of work in the diverse European countries are not discussed in this paper.

Second, in the following statements I will focus mainly on the European perspectives of adventure therapy in the outdoors. The strong influence of North American concepts in Europe will not be ignored; however, I think these are well known to readers.

Finally, I bring a social and environmental perspective as well. The following discussion focuses on selected aspects of adventure therapy, as it is impossible to go into more detail within the scope of this paper.

The European Institute for Outdoor Adventure Education and Experiential Learning

What is outdoor adventure education?

There are many views concerning outdoor adventure education. There is, however, a great deal of common ground. Practitioners seem to agree that outdoor adventure education is composed of most or all of the following elements:

- it stimulates personal and social development,
- academic, aesthetic, spiritual, social, and environmental elements,
- increased responsibility for own learning,
- developing increased confidence and self-respect,
- direct experience, that is experiential learning,
- some experience with the outdoors,
- a "journeying" element,
- respect for the environment,

- professional standards to ensure community, physical, and emotional safety,
- protection of the environment from overuse.

Issues affecting the development of outdoor adventure education.

There are some key trends and issues influencing the directions in which outdoor adventure education is developing. These include:

1. The mind and body debate. There have been many debates over the centuries about the relationship between mind and body. In modern education, the debate is whether a primarily intellectual form of education is adequate for the proper development of the individual, or whether a more direct, non-abstract form of educational experience is more appropriate.

2. The relationship between the individual and society debate. As civilization moves and change accelerates, many individuals become disconnected from society. These individuals feel that they have no control and influence through the political process to bring about beneficial changes in their lives and within their communities. Practitioners can work outdoors to help people identify areas where they can take control of their lives and take a more active part in their communities.

3. The relationship between individuals and the environment debate. Environmental issues are of increasing importance in the political agenda, yet many people live an urban life which does not allow them to experience the relationship between their actions and the elements which support life on earth. Outdoor adventure education can provide direct contact with the natural world, which can enable people to develop informed values and opinions.

About the Institute itself.

The mission of the European Institute for Outdoor Adventure Education and Experiential Learning is to promote the development of outdoor adventure education through an exchange of practical and academic knowledge, and to develop new frameworks, initiatives and approaches to enhance outdoor adventure education across the community. The values of the institute are based on a respect for diversity and community, the promotion of equality of opportunity, and the recognition of professional standards.

The purposes of the Institute are to: (a) develop theoretical foundations for the field of outdoor adventure education, (b) develop professional standards that recognize commonality and diversity, (c) undertake research and implement projects to influence the quality of practice, and (d) identify and develop areas of commonality within environmental education.

The Institute achieves its mission and purposes by developing networks and exchanges for academic staff, students, and practitioners, facilitating conferences. It promotes information exchanges through electronic media, publications, and congresses; coordinating collaborative research projects; and developing trans-national codes of practice. Finally the Institute engages professional development programs and core curricula for programs to achieve an internationally accepted degree, and monitoring and evaluating the quality of provision.

General Environmental Conditions in Europe Today

Culture and nationality are diverse. It is a European tradition that borders divide cultures and lead to different cultural movements. When the members of the Institute started our communication about outdoor concepts it was obvious how difficult it is to find a common language to understand the different meanings and intentions of our work.

Nature, body and sport, and adventure therapy, outdoor education, and experiential learning are full of different meanings and arise from different ideological backgrounds. I think this is one reason why this paper may turn out to be of considerable importance for communication and intercultural projects in the future.

Europe, like many other places worldwide, has two contradictory movements: it is moving closer and closer together and nationalism is on the rise and becoming more radical. Until 1995 we had an increasing rate of violence against aliens. Equally alarming is the current violence against people with disabilities. We have to consider that cruel crimes, even though they actually occur rarely, lead to a strong overestimation of youth criminality. This perception is heightened by the way the media report those events.

It is suggested that violence in youths is motivated by the following factors: (a) action and thrill, (b) a desire to get a respected status in the group, (c) frustration and lack of meaning in life or expulsion from the education system or both, and (d) racism and extreme right-wing sympathies (Willems et al, 1993).

Ecological aspects are highly topical issues in Europe today. That widespread awareness nevertheless determines neither ecological nor political decisions. The dominant assumption is that enhancing economic growth is the most important aim. This is illustrated by the increasing rates of unemployment, at the time about 10% in Europe, with critical areas up to 60% and privileged areas almost none, in phases when the economic development is positive.

Summarizing the situation in Europe in a very simplified way, the following main problems can be pointed out:

- racism and ethnic problems,
- unemployment and growing poverty,
- drug abuse,
- gender differences in the understanding of social roles and functions ,
- fundamental questions of purpose,
- violence and the growth of aggression or at least a change in its expression.

Experiential learning and adventure therapy are of course suitable to support youths in coping with such problems. Experiential education and adventure therapy should not be abused in an attempt to solve sociopolitical problems that are caused by wrong political decision (Becker & Shirp, 1986).

Social-Historic Background of Body and Nature

The following considerations do not stem from pure interest in history. They are made because I strongly believe that various social-historic thoughts are deeply engraved on the European understanding of nature today. When we are working with people in a therapeutic context in the outdoors we have to reflect on their idea of nature, not just our own. The consequences for therapeutic work will be discussed later on.

In Europe we have a tough and complicated relation to the two terms of body and nature and especially the meaning and emotions that are linked to those terms. Both play an important role in the outdoor therapy process. If we look at the two terms in more detail, it is easy to discover that they are closely related to each other. We might call the body the "inner nature" and call the usual word nature, the "outer nature."

In the process of civilization the inner and outer nature have been divided more and more. A lot of authors think that the starting point of this process was Plato with his metaphor of the cave – "Hoehlengleichnis" – which says that there is no direct contact to the reality. It is only possible to get some connection through the soul and to look at the shadows of reality. The Romans continued this perspective and rationalized nature as something that is for use only.

There was a certain countermovement in the Middle Ages. Also strongly influenced by Plato, Francis of Assisi saw nature as an expression of God. Nature therefore included wisdom and sanity. That meant that nature was something humanity had to take care of and protect. This influence is still very apparent in a lot of European countries.

With the beginning of the modern times and the paradigm change of Kopernikus, God was removed from the image of nature and scientists tried to bring nature into formulas and rules. Descartes is generally accused of having been the key philosopher of the dualism of mind and body, "cogito ergo sum." That is not as correct as is often assumed because Descartes' point of view was very sophisticated. Nevertheless, nature gradually became the opposite of the human intellect. In this context, knowledge, and particularly knowledge about nature, was the key to freedom. Humanity should no longer be forced by nature. The human being was understood as a rational being. Nature was disassociated from rational human existence and the distance to the body—or inner nature—increased.

The problem with these views of nature was soon recognized. Some of the most important thinkers should be mentioned because of their influence on concepts of experiential learning and therapy. There is no question that Rousseau made very important contributions to education. There were some very problematic ones too (see Schoerghuber, 1997). One of Rousseaus's basic ideas (mil, 1981) was that everything by God is well done and everything under the influence of humankind degenerates. Nature is the normative positive element and the development of culture, especially urbanization, is the beginning of the end. Ennobling starts in the country. The romantic idea of nature held by Rousseau matches some romantic illusions of today. Such illusions may help to flee from the real problems but they will not help solve them. The idea of starting from the child's point of view —vom Kinde aus – was reduced to the idea that the child is equal to nature. One of the most important aims of therapy today is to understand the conditions children, youths, and adults are living in and to find ways and means to support them in solving and maybe changing their situations. I do not think it can be hostility — civilization or computers that will really help them.

The so-called reform pedagogy — "Reformpaedagogik" — introduced important attempts to overcome the exclusively mind-orientated education. I am sure that its proponents did have the best intentions. It is a pity that they favored nature in an unreflected way, which made them open for abuse by National Socialism later on. There always was a very differentiated connection between sport, body, nature, and National Socialism and racism in general. From a historical point of view it seems impossible to decide if there was a clear positive or negative or ambivalent connection: "Nature, National Socialism and sport are an unbeatable ideological mesh" (Schoerghuber, 1997, p. 139). It is no accident that ill-informed politicians and administrators still reject outdoor projects because they assume that these projects are connected with fascist thoughts and activities.

After the Second World War it was almost forbidden to mention body or nature. Sport pedagogy turned to the so-called "Bildungstheorie" as a means of escape. I think "Bildung" can hardly be translated to "education" because it focuses on the teaching of values and humanistic philosophy. In some ways you do find this idea of educating values in the philosophical approach of Kurt Hahn too (Hentig 1966).

Today the awareness is slowly growing that it is necessary to discuss the relationships between body, nature, exercise and sport, and therapy in a very new way. I am deeply convinced that everyone is at sometime or another thrown back at one's own relationship to fascism when in a group in the outdoors and working on one's awareness. I conclude that little awareness of the problematic social-historic components on therapy in the outdoors increases the risk of an unconscious fascist "sphere of influence" that confuses personal and social development.

Anthropology of the human image.

What are the characteristics and anthropological foundations of human beings and how do they influence our work? Gehlen (1958) and Plessner (1979) made important contributions. Gehlen thought of humankind as a special draft of nature. Human beings are furthermore thought of as being exposed to reality and as biologically insufficient. That is why they have to develop culture, their second nature. With the progress of culture, education becomes more and more important. The more that performance, achievement, and success are valued in this culture, the more deviant behavior is recognized and therapy becomes unavoidable.

As Schoerghuber (1997) points out, there is one fundamental and essential error in the ideas of Gehlen, which is the assumption that there is no possibility to perceive the first nature. This perspective again splits brain and body, however in a more sophisticated manner. The human being, society, and culture are easily thought of as the counterpart of nature. The enticing idea of becoming free from nature includes three important questions: (1) free from what, (2) free for what, and (3) free for whom? These are, as we all know, very important questions in therapy, too. What does it mean, if somebody tells us after some time of participation in the group process during an outdoor therapy seminar that he or she feels so free in nature? It may give us some information about the client's understanding of nature. We also have to keep our own conception of nature in mind.

In an actual concept of the human image we have to see a person as an active individual that tries to realize aims. The person not only has a body, but he or she "is body" (Petzold, 1992). Being body constitutes the relationship to the world and to the outer nature. The human being is to be thought of as a being with self-organizational forces working on both conscious and unconscious levels represented in mind and body.

Growing Distance from Body and Nature

Norbert Elias (1976) deduced in his work the growing distance to the body through the civilization process. It is described as a comparatively slow process over hundreds of years. Now at a very high speed within 10 to 20 years the body is back again. In the book *Quest of Excitement* Elias & Dunning (1986) also assume that there is a reduction of excitement in the lives of people, so they need new kinds of thrilling activities. Sport is one of those possibilities. In this sense the rediscovery of the body is just an expression of the importance of certain themes like sexuality or sport. The connection with such themes makes it evident that the body was never really out. It was only outside of the scope of declared values of the society, not out of the mind of the human being. Freud (1948) has showed already that sexuality is one of the main forces in the person and only suppressed and replaced by other cultural techniques. That Freud himself was a victim of his time is demonstrated by his therapeutic techniques, which ignored the body totally. Starting with Wilhelm Reich (1981), the body therapy techniques developed more or less continuously. Today we have social conditions in which for many people their relations to their body, sexuality, and nature are open, unclear, conflicting, inconsistent, and contradictory. It seems as though there is a gap between the presentation of the body and body awareness. This gap seems to be increasing. Almost the same process happens with the outer nature and the relation of human beings to it. This parallel is another indication for the structural identity of body and nature.

Therapeutic aspects of nature and body based on constructivism.

If we follow the idea that reality always is a construction of the person (Watzlawick & Krieg 1991; Neimeyer 1995), we can also find out that the consciousness of nature is dependent on a relationship a person constructs based on his or her prior experiences and future intentions. Reality in this sense means whatever a person takes as real. Accordingly, the person always actively constructs nature and its values. For example, one person may interpret weather conditions as a consequence of him- or herself thinking that there is always fine or terrible weather when they are outdoors. One criterion to find out the effects of the perception and construction of reality are those perceptions and cognitions that bring out the differences. It can be an important step to really recognize that it is not I that influences the weather, but it is I that influences the way I handle different weather conditions.

First practical impact: How to encourage people to get in touch with nature.

When we work with clients in the outdoors we do not teach about nature, we encourage people to get in touch with nature. This requires getting in touch with themselves. To get there we follow some principles including: (a) slowing down the speed of everyday life, (b) deepening the impressions of our sense organs, (c) reducing our sense organs, for example using unsighted activities, (d) starting an inner dialogue identifying what attracts me and what rejects, repels or disgusts me, (e) starting the dialogue with the outer nature, (f) body and nature awareness exercises with a focus on "grounding" (depending on clinical diagnosis), (g) inner rhythm, breathing rhythm and rhythm in nature, (h) focusing on breathing in and release and breathing out. When there is a clinical diagnosis, we have to be very careful with the specific problems of our participants. For example, working with abused persons in an adventure therapy program may lead to a high amount of fear and anxiety when the respective persons are asked to relax or slow down. We need special interventions to keep them in contact with their bodies.

First Approach to a Therapeutic Concept

Outdoor activities fit in with the spirit of the time. They offer new ways of education and therapy and they fit perfectly the in-stereotypes of being active, being outdoors, the holistic approach combining mind and body, and action and thrill. Not only are the understandings of outdoor concepts very different, so are the approaches offered. These include commercial action, adventure holidays, management training, educationally-oriented experiential learning programs in and out of schools and educational institutions, social therapeutic concepts especially for disadvantaged groups, and many more.

This boom of adventure education and experiential learning in the outdoors leads to a lot of problems like ideological abuse, degeneration of the basically strong ideas, poor displays of competence and expertise, and the problems deriving from these. To solve these problems, more communication is needed about positive and negative experiences with outdoor activities, about intervention techniques, about professional development, continuing education and quality standards, and about indications and contraindications. The need for this communication was one reason for establishing a European institute.

Following on from the earlier discussion on the European Institute for Outdoor Adventure Education and Experiential Learning I have to add some more specifications. In speaking about therapeutic concepts in the outdoors it is important to acknowledge that there are a lot of very different ideas about these in Europe. That is why I want to bring in a more differentiated definition of what we understand under so-called integrative outdoor activities. This is very similar to a definition of adventure therapy offered by Simon Crisp (1997).

A descriptive definition of therapeutic outdoor activities.

In the context of therapy, integrative outdoor activities are to be understood as group activities that are aimed at task-solving, that are socially therapeutic activities out in nature which meet the criteria discussed below (for a more comprehensive discussion see Amesberger, 1992).

1. The projects are generally done in certain typical phases. There is a preparation phase, which includes working out the theoretical and practical concepts, communication and cooperation with the involved institutions, and training the team. The latter can be seen as a continuous process. The selection and first contact with and participants occurs. There is the preparation of participants' goals and intentions and a "contract" on reciprocal obligations agreed to. The implementation phase combines a range of outdoor activities (e.g., three blocks of 3 days, one course of 14 days) and back home situations. Lastly, there is the assimilation of the courses and seminars and transferring the goals and experiences to the participants' own lives' (Amesberger, 1994).
2. The work is based on a diagnostic concept that leads to differentiated aims. Diagnosis is to be understood as a process concept (Pawlik 1982). The clients are given exercise-related tasks and challenges to introduce personal and group dynamics and to facilitate dealing with basic, personal topics. Group work and psychotherapy are the techniques used to accomplish this.
3. "Erlebnis" has a significant position in the process of therapeutic work. It is the moment of concise gestalt. "Erlebnis" may be translated as experience or

adventure if you do not focus on the aspect of challenge but put the focus on awareness.
4. Nature is of high importance and receives special attention in the therapeutic process: It serves as a framework and background that is filled with symbolic and symbolized meaning and significance by the participants to heighten the awareness of the individual in a holistic manner.
5. Learning takes place at cognitive, emotional, and behavioral levels by acting, reflecting, transferring, and deepening by going further in therapeutic interventions. Based on he qualification of the therapist, different therapeutic methods are combined with the outdoor-concept. Elements of body awareness, bio-energetic analysis, psychodrama, integrative gestalt and the systemic therapy have been used.
6. The guide-team consists of social workers, psychotherapists, outdoor experts, scientists, and psychological supervisors. Each team-member has the final responsibility in a certain area, for example group process or outdoor events. Every member has to have high knowledge and experience in the field of the other to guarantee effective networking.

What are the criteria of a developed outdoor therapy model?

The criteria for a developed outdoor therapy model include:

- social-historic background,
- an image of the human being,
- a theory of the therapy,
- therapy aims, indications and contraindications,
- theory and techniques of diagnosis,
- intervention strategies,
- the client-therapist interrelationship has to be extended to a person(body)-nature-person (group members and therapist or outdoor-trainer) relationship,
- evaluation and control of the primary and secondary effects. For example, changing people's behavior and awareness -the primary effect- may have consequences on the social environment. They may feel better too, but sometimes it happens that other "new" problems or secondary effects occur.

Specifics of therapy in the outdoors - There is little or no protection.

If somebody joins single or group therapy, she or he has the possibility to go into his or her conflicting emotions or behavior. One of the most important things is to recognize the fact that persons are mainly in their fantasy world (Berliner, 1994). We use "empty chairs" to have significant people sit in those positions we assume them to be. We beat mattresses imagining people who hurt us. But we never would do this in reality. There is no doubt that the emotions are real but they are strongly influenced by our past, and are often projections from significant persons in our biography. Neuroticism — as Strotzka, an important psychoanalyst in Vienna and a teacher of mine said — is an error in time. It is important that there is a deep tolerance for all thoughts, emotions and impulses expressed by the client. Slowly the clients learn to recognize which emotions and behaviors are concerned with the past and what kind of contact they have to the "here and now."

The strict division between a more "virtual" therapy environment and reality is abolished in the outdoor concepts. Adventure therapy deals with an unusual environment that is not common to the participants. The most striking difference between adventure therapy and traditional psychotherapy is the clients' strong involvement in a reality that is neither harmless nor perfectly safe. Nevertheless, we make a strict distinction between subjective, perceived risks that ought to be high sometimes and objective, existing risks that generally should be low. In Europe a lot of therapists argue therefore that the only possibility is to work with action-orientated therapy methods: People have to handle certain challenges and get very direct feedback about the outcome. Nature, the group, and the facilitator help them to find out how they influence their outcome and whether the strategies they are using are helpful or destructive ones. This supports the development of self-efficacy, one of the most evident results (Gass, 1993; Amesberger, 1994).

I am strongly convinced that when working with harder psychological problems, such as early disorders, borderline syndrome and early deviant socialization, the main-focus has to be on the relationship between the client and facilitator or therapist. This leads to a lot of delicate problems.

Therapeutic work and therapeutic effects.

In Europe we are involved in a sometimes slightly emotional discussion between therapeutic and educational concepts in the outdoors (Michl, 1996; Kreszmeier & Hufenus, 1996). Amongst other misunderstandings and some aspects of rivalry, the following useful distinction is often ignored in this discussion. It makes some sense to divide work in the outdoors into two kinds or aspects: educational and therapeutic. If we work in the outdoors in a more educational sense, it may happen, that some participants change in the way of a therapeutic effect.

Therapy focuses the reflection on internalized norms and values with the aim to support a person to find new and more suitable structures for his or her life. Destructive and dysfunctional behaviors or emotions should be recognized in their effects, as well as helpful and effective ones. The outdoor process supports a lot of educational aims by just living in a group under "natural conditions." But it has again to be emphasized that this is not the effect of an "objective nature," rather it is the effect of the individual awareness of nature including all the experiences and values put in the image of nature.

In a therapeutic context these experiences are tackled in a certain kind of metaprocess. If we use psychodrama, the participants come onto the stage to arrange their roles. If we use bio-energetic analysis people follow their body processes in emotional states of their biography that may help them to understand their feelings better. In a way, the participants take some steps into a more regressive state of their mood. After a certain time period they are accompanied back into the here and now situation to get in deeper contact with "reality" and to go on having experiences in nature and within the group. So "indoor" and "outdoor" sessions change several times and develop the clients' possibilities.

Theory of development.

Personal development is a complex interaction of different aspects: on the one hand, people act and develop by the effect of their actions. On the other hand people have made significant, experiences that have taught them to interpret the outcome of their actions in certain ways, so that they are not able to change their minds only because of different outcomes. They do not really experience. In a short model we can see some of these influences (see figure 1). Particularly for the therapeutic context, there is a certain limitation of experiential learning or at least an aspect we have to handle very carefully: How have situations to be arranged so that clients do not repeat there well-known old habits in a apparently new situation? The only reality of the person is its one consciousness that we have to respect all the time. There is a paradox between the physical and psychological concept of the "present": In Physics "present" is a point without any extension. In our consciousness, however, we are always in the "present." It makes no difference, if we think about the past or the future our brain and consciousness works in the "psychological present". (cf. Varga). And this is one key to change in an outdoor-therapy concept. Because you have so many chances to let your clients prove their perception and to get feedback on this process by the group, the "nature" in the above understood way and the therapist.

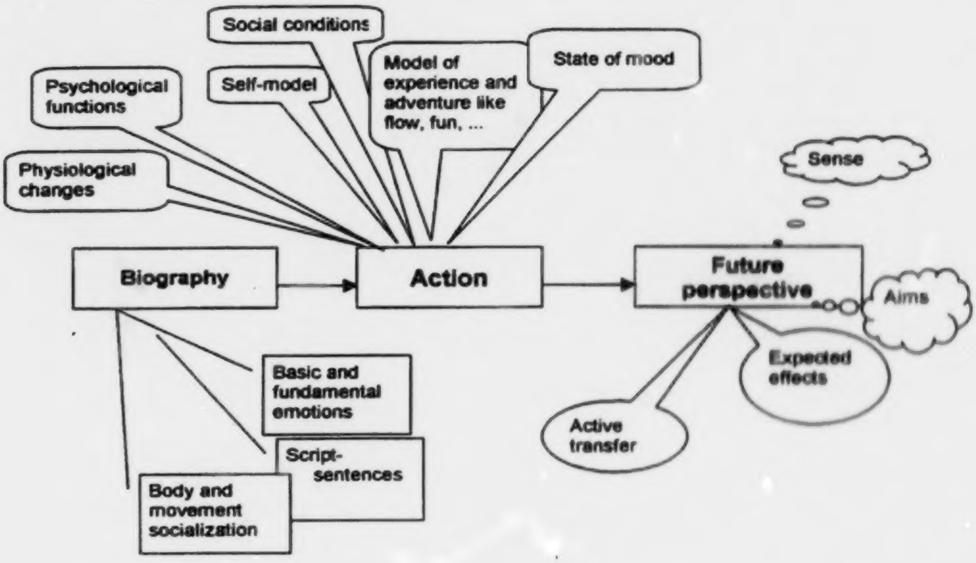
Social conditions
Psychological functions
Self-model
Model of experience and adventure like flow, fun, ...
State of mood
Physiological changes
Sense
Biography
Action
Future perspective
Aims
Expected effects
Basic and fundamental emotions
Active transfer
Script-sentences
Body and movement socialization

Figure 1. The influence of the biography and future perspectives on actual actions under the perspective of development.

A contract with the clients is required. If the clientele is not able to do so it is one of the most important themes in the process itself. Nevertheless there should be a contract with the responsible person or institution to which the clientele belongs. It has to be determined what kind of clients with which kind of disorder are in the program: The consequence of step one leads to the intervention strategies that have to control the amount of regression, the amount of confrontation and the possibility to transfer experiences into learning processes.

The environmental conditions of an outdoor program deepen therapeutic processes and in general we must slow down this process to make it really effective. There is no reason to push this process as far as my experiences extend and our scientific research shows us that participants have very deep experiences and have to work them out for a long period afterwards. The more handicapped they are, the more support is needed in the transfer phase. So the principal of the "here and now" has to be forced. Nevertheless it would be an act of ignorance not to respect that transference is a very sensitive aspect in the outdoor work and requires high awareness. Realizing this it is obvious that outdoor programs have to be brought to an end very carefully. The trainer has to leave enough time to make the participants able to return to their back home situations effectively. Of course transfer only by chance happens without systematic support. As remarked above this also depends on the clientele. The relationship of crises, risk and chance should receive high awareness (Danish & D'Augelli 1990). In crisis situations the following questions are helpful:

- Is there a risk of self-destructiveness?
- What direction do aggressive impulses have?
- What is the more exact diagnosis of the crisis? For example differences between a hysteric, psychotic or borderline crisis.

Importance of Aims

There are three different points of view: The participant's, the outdoor-instructor's and institutions', organizations' (generally representing the "interests of the society" and/or political interests). Aims can be conscious aims, verbally expressed or hidden and suppressed.

Aims of the facilitator therapist.

Using the taxonomy from Simon Priest (1996) we can differentiate recreational/sport/leisure; educational; developmental/training/therapeutic, and therapy programs. In the following I only focus on therapy and make a clear distinction between two kinds of aims:

(1) *Coping with reality:* This aims for a realistic and efficient confrontation with life and life events. Favoring abilities to solve practical and ethical problems in life. These aspects are strongly related to the ability of being aware of the "here and now," developing capabilities and coping strategies.

(2) *Developing Identity:* This contains primarily aims like self-esteem, becoming aware of the right to live, finding out one's own identity to get to the root of introjection and internalization, etc.

Aims expressed in such a general way are often not very helpful. Because on the one hand they are widely agreed upon and on the other they remain on the surface of the real problems in therapy. So we have to raise some more questions in relation to our therapeutic work:

- What is the real or at least hypothetical destruction, disorder or malfunctions we are concerned with?
- What are the helpful aspects of the client's behavior and feeling?
- What is the functional and emotional connection between our methods and the problem of the client?
- What kind of contract do we have with our clients?
- Do the environmental (social, institutional) conditions make change realistic?
- Is it possible to reach the aims with the standard of our qualification?

This makes it quite clear: Only a well arranged setting of aims makes it possible to be effective especially in a long term view.

Aims of organizations and institutions.

In Europe, institutions are steeped in bureaucracy. The consequence is that it is not easy for them to change their way of work or to change structures. Furthermore, projects have an important aspect in developing institutions; setting projects in institutions has great impact on the compliance and on the outcome of measurements. This is especially true for outdoor projects. In general, in our social institutions (schools, institutions for handicapped people, institutions working with disadvantaged people) there is a lack of resources. So if you bring in new ideas and activities a lot of institutional questions arise:

- Who is supported by this project? Outdoor projects often are set in situations where nothing else seems to be helpful. So this is a chance for those concepts to show their power but it also can be a trap - The idea to solve an unsolvable problem.
- Have other resources been cut?
- Is anybody criticized by this project? May somebody interpret the project as a reaction to his ineffective work?

Therefore some aspects are of high importance to settle a project in an institution well:

- What is the structure of the institution?
- In which position is the person in the institution that favors the project?
- Who in the institution wins by the project (image, money, and attention)? Who loses?
- How can the project be connected within the institution? We called it combining the resources: coordinating all those whom have to do with each individual person in the project. Team talks (work and home, special services, parents...), to work out a common goal and implementation strategy within the project framework.

It is important to publicize and discuss the project in the institution, to give information and involve the ideas and interests of many. The project should work as much as possible from a broad basis and not appear to be forced by the decision making lobby.

Aims of the client.

There is a big difference between being in the project by one's own free will or under obligation. In general the latter causes a shift from declared to hidden aims. It forces us to be very cautious in the beginning and to accept the position of the client.

Another important aspect is the intellectual and emotional abilities of the client to formulate his aims at the beginning of the project. What we learned especially in our work with multiple handicapped people is that developing aims is an important aspect in any kind of outdoor work how ever long it may last.

A Single Case Example to Explicit Isolated Aspects of Our Work

This example is taken out of a project with multiple handicapped people from an organization for handicapped (youth at work). The clientele is of being characterized as disadvantaged even in the organization itself, in danger of being thrown out because of decline. The organization provides social welfare at home and in the work place.

With reference to the *Descriptive Definition of Therapeutic Outdoor-Adventure* we are in phase three and use outdoor activities combined with Psychodrama: The two methods are not to be seen as purely additive; instead, they interact systematically: interhuman relationships and complex situations are dramatized, not just discussed in Psychodrama. Thus Psychodrama gives clients with little abstraction and reflection ability the chance to take a concrete look at their own "roles" and gain insights they could hardly gain otherwise. Greatly shortened excerpts from the case "Ilse" (fictitious name) shall demonstrate this. Ilse suffers from a rare disease of the locomotor system (Friedreich ataxia). She tries to combat the disease with competitive sports for the handicapped. Ilse is very ambitious, rather a loner, and has great difficulty accepting help. Movement and perception: the start of the Outdoor program (hiking to the mountain hut, first exercises...) makes their (different) handicaps clear to the participants and leads to somatic reactions in some of them. Ilse "cannot see these handicaps," is silent (defense, regression, fixation). Clarification: In a further phase, Ilse begins to support others, verbally and through actions.

The "Swing" was planned as the Outdoor Activity. The idea was to get the entire group across the river on a rope. The activity's goal is such that everyone must help accomplish it (the entire group must get across), and the activity is designed so that the participants must help each other physically to reach the goal.

This was a touchy subject for Ilse. Used to taking care of herself and to solving problems on her own (especially physical ones), one could see a conflict taking place inside her. For a long time she stood aside and obviously did not want to participate. But the task was structured otherwise. If Ilse wanted the group to reach the goal, she had to accept help, which she finally did very reluctantly. The group lifted her onto the knot and pushed her across the river, where the others helped her down. Thus the activity was a success for the entire group and, so it seemed at first, for Ilse. During the psychodrama group session in the afternoon, a participant praised her in the beginning. At this time another participant was also carried in who was unable to move at the time (leading to further intensification of Ilse's central conflict, which consisted in the necessity for her to "partake").

Staging and verbalization: Ilse volunteered for a "scene" with her illness as the topic. The following roles were cast in this psychodrama: Health - "I want to stay healthy!" Fear - "I'm lonely!" Illness - "I'm with you!" Ambition - "I want to play ping-pong!" Wheelchair - "Don't handicap me!"

Ilse was obviously moved. The conflict again came out in the evening. She "provoked" a "fight" with the instructor who had played the frightening Wheelchair in the role-play. Ilse fought with all her strength, and the fight ended in a tie. In this psychodrama session, hints for further therapeutic interventions could also be found, e.g.:

"Strength disappears when fear sets in", an important behavior pattern for her daily life. Ilse is now employing concrete measures in her life, which are geared towards better dealing with her fear of her illness - not least through the coordinated intervention of the social workers.

As this example demonstrates, Outdoor Activities seem to provide a valuable supplement to social work. However, they can and should not compensate for other important socio-political shortcomings (cf. Becker & Schirp, 1986). The long-term effect is always based on combining resources. The evaluated outcome and basic ideas about evaluation are documented in Amesberger (1996, 1994).

A Structured Holistic Model of Therapy-Aspects in the Outdoors

Starting from the above described image of human we can understand it as a biologic-physiologic-psychologic-sociologic-unity (Uexküll 1990). This makes it possible to locate disorders on different levels as well as the interaction of multiple disorders. The diagnosis leads to hierarchically arranged aims. But we always should be looking, if changes in the conscious area also cause changes in others. If we for example support higher body or nature awareness this may have effects on the verbal expression or the social contact people want to have or try to avoid.

Sometimes it is important not to start with the personal change but change the social conditions, for example in the family or in the institution. If we are attentive to this we can arrange group structures in the outdoors that support those changes. This demonstrates the importance of the position persons have in social structures. Not being careful especially with aspects of systemic effects, this may lead us to outdoor-setting that "invite" people to repeat and replay their home or institutional situation and we are wondering, why don't they change their behavior, if this behavior is neither effective nor satisfying from the "observers" point of view.

In conclusion I want to emphasize that our focus always guides our interventions. This may be clothed in a metaphor: If we touch a small tree on a certain point, we just have some idea how it reacts at the point where we touched it, but we never can predict the movements of the whole tree. Nevertheless we may watch the effects carefully.

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5

Provoking Thought — Evoking Meaning. Giving Explanation to Adventure Therapy

By Ray Handley

> Someone said to Bahaudin Naqshband: 'You relate stories, but you do not tell us how to understand them.'
> He said: 'How would you like it if the man from whom you bought fruit consumed it before your eyes, leaving only the skin?' (Indries Shah, 1971)

Talk about adventure therapy and ideas of change, wilderness, challenge, thrills, personal growth, renewal, isolation, and psychodynamic theory are immediately drawn into a melting pot of discussion and argued validation. Explanation and counter-explanation are put forward with increasing attention to detail and academic documentation. Yet, by its very nature, adventure therapy is embodied in a mystery, the interaction of men and women with nature, the challenge of personal discovery, and the search for place in feelings of awe and insignificance. This is not to say there is no value of seeking to develop a theoretical parallel for adventure therapy with other approaches and perceptions of therapy. However, in looking at what sets adventure therapy aside from other approaches, it is the mysterious interplay between adventure and therapy that needs considerable thought and attention. It is mystery that drives this interplay. This is the key to understanding the value of adventure in therapy, and the essential component that gives adventure therapy a definition beyond that of adventure-based education.

In many ways researchers have been looking for a prescriptive needle in an experiential haystack. The problem arises when the needle holds the focus and the hay is forgotten. This is fine if some sewing is needed but useless if the cattle want to be fed. Over recent years, there has been much effort in the search for proof, for objective evidence and detailed evaluation, to give credence to the field adventure therapy. Much of the discussion in the proceedings of this conference will understandably revolve around questions of justification for adventure therapy. However, if the mystery underlying the adventure therapy process is widely accepted and we seek to demystify this process through prescription and explanation. Then, in the end, the proof ends the mystery, and the process of adventure therapy ceases to be. If, on the other hand, it is argued that mystery has no part to play in adventure therapy, then it is difficult to understand what in the process encapsulated within an experience of adventure is different from any other field of therapeutic intervention. Therefore, it is essential that the balance of investigation into the processes occurring within adventure therapy is spread between the creation of mystery and the exploration of how it can be effectively used to facilitate change in those touched by the experience. It is the aim of this discussion to both engender mystery to this presentation, and to direct some thought on how it can be used effectively.

Anecdote 1:

> Deans' lips have turned blue and he is shivering uncontrollably. The rain continues to pour down as we shelter in a meagre overhang having the lunch that no one can find, no one except Pete, Ray and Margaret that is. The little creek nearby has come up two feet in the twenty minutes we have been stopped and the bridge we had just walked over has disappeared under the water. We tried to go up the mountain but the torrent of water coming down has forced us to go back. The only way out is back and Dean is not too keen about the waist deep water, the muddy slopes and the raging waterfalls that have to be negotiated to get back to the overhang. It is just too hard and he is too cold without the warm jumper and rainjacket he left behind. He whinges, he whines, he tells us we are making it too tough. But he gets up and walks on for the two and half-hours it takes to get back to a relatively dry overhang. His lips are now purple but he is the first to volunteer to go back into the rain and wet bush to collect firewood. After a mountain of wood is collected and the fire started he settles down to dry out and warm up. He is confused. He wants to blame the leaders for the discomfort and fear he is feeling, and at the same time feels a sense of exhilaration in the achievement of survival in the most atrocious weather conditions possible. He makes some comments to Ray and Pete blaming them, but he means something else. He is worried. Will he ever get home? How will he cope tomorrow if the rain doesn't stop? (Wilderness Enhanced Program Report 1995)

To begin the consideration of the mystery encapsulated in adventure therapy, some attention to the definition of the word mystery is necessary. One thesaurus lists mystery against words such as secret, enigma, conundrum, dilemma, paradox, and quandary. The Macquarie Dictionary Second Edition (1991) gives several definitions for mystery:

> 1. Anything that is kept secret or remains unexplained.
> 2. Any affair, thing or person that presents features or points so obscure as to arouse curiosity or speculation....
> 5. Any truth unknowable except by divine revelation.

In the context of this discussion, and using as a basis the information above, mystery can be defined as "something experienced that, while beyond complete understanding, invokes thought and reflection."

With a clear definition, it is possible to look at the different aspects of mystery as they pertain to adventure therapy. Several areas will be considered:

- Exploring the mystery in adventure or wilderness experiences
- Encapsulating or using mystery - skills of evocation not prescription/description
- Diving into the hidden depths - working on pathways of understanding rather than goals of knowledge.

Exploring the Mystery

To begin the exploration of mystery another concept must enter the discussion. Tension/Disequilibrium/Dissonance is an important component in the development of mystery within the wilderness experience. Disequilibrium is established through the perceptual paradox, which arises from mystery. Only when reality becomes "out of step" with perception can the search for explanation and meaning begin. The process of understanding new ideas begins when a leap of recognition crosses the chasm of confused perception to reach new insights beyond. DeBono (1971) describes in his model of "Lateral Thinking" that learning most effectively occurs through this process. DeBono cites humour as the most evident example of how the brain works as a thinking tool. Progressive logic (e.g. one thought leading to another through deduction and proof) is relevant for certain fields such as pure mathematics. However, in general it provides a limited model of thought. He argues that learning occurs when a jump in perception occurs and result is a new idea or insight. This process of creative (generating from nothing) thinking is exemplified in humour. The humour in a joke, situation or story is created as the listener/observer is taken down one path of perception only to be dropped suddenly into another perception through the punch line. Sometimes the gap is not bridged as the alternate perception fails to be seen. The joke falls flat. It is the process of bridging this gap and understanding the alternate paths, and their interplay, through which the humour is generated. De Bono argues that new ideas are only generated through this process. Linear or progressive logic is effective in processing information such as in computer technology. Active thought requires a process based on perception and pathways, or interconnecting webs of information. Models of thinking explained in this way provide the basis for research on the creation of artificial intelligence and cybernetics.

In looking at the wilderness experience there are many examples of when perception can be found in disequilibrium. Without an indepth elaboration, a few of these can be stated:

- The mountaintop experience. The sense of accomplishment accompanied by an equal sense of insignificant.
- Feelings of hopelessness opposing the need and will to survive and succeed. These often arise in difficult weather, through daily routines of cooking, cleaning and packing, on difficult sections of terrain, or when group dynamics are volatile.
- Confusion around the place of the individual in the natural environment. Notions and feelings of harmony continually conflict with needs for domination and power.

While conflicting perceptions await a leap of insight, the mystery continues and the drive for resolution continues. Anyone who has participated in a wilderness experience characterised by isolation, inevitable consequence and high levels of perceived risk knows the reality of mystery present within that experience. The investigation of how to explore this mystery provides the next basis of this discussion.

Encapsulating and Using Mystery

Anecdote 2:

> Nicola and Melissa were quite a twosome. Some would say they had both 'been around' . . . . . whatever it was, they certainly clicked. Melissa with her blatant aggression and forcefulness, and Nicola with her outward worldliness and confident bravado seemed to compliment each other perfectly. When Ray brought up the power of 'Hyperbole' it certainly created a talking point between them. Regardless of their vast experience neither of the girls had heard of it before. Ray, while divulging little on the topic, did state that although Melissa would find it difficult to master, Nicola would probably learn it easily. Melissa was a little hurt by this and Nicola very curious.
>
> Much later in the day Nicola came up to Ray and asked again why she was more able to master this 'Hyperbole.' In the ensuing game of mental 'cat & mouse,' Nicola worked out that experience had taught her to be more sensitive, more tolerant and in some ways more clever than Melissa. Force or power wasn't as important as reading situations and being smart. Nicola deducted that the power of 'Hyperbole' was to be found in the ability to get around and work around people by listening and talking to them. Without saying anything in particular, everything in general seemed to have been clarified. Unsure but satisfied Nicola went off to hopefully influence Melissa to the point where she could understand how to use 'Hyperbole' too. (Wilderness Enhanced Program Reports 1995)

As we delve further into the mystery underlying the wilderness experience it is necessary to give some clarity to how this term is used. Within this discussion the wilderness experience is:

> A journey into the unknown, where man and woman meet nature as a stranger in mind but a friend in spirit; an experience of risk, of self reliance, of freedom to both fail and succeed, and an opportunity to see ourselves as ourselves, stripped of 'other world' facades and facing the wilderness within (Handley 1992).

The wilderness experience creates an opportunity for mystery. Mystery impels exploration so it is only necessary to provide the opportunity and the process will follow. For participants in adventure therapy programs who are generally resistant to change and often resilient to imposed intervention, this creates an experience that is markedly different from other opportunities.

> The more you know,
> the less you understand.
>
> The master arrives without leaving,
> sees the light without looking achieves without doing a thing (Tao Te Ching - Lao-Tzu)

The interactional style of the leader plays a crucial role in the generation and use of mystery. Upfront leadership characterised by instruction, dominance, power and questioning engenders certainty and security to the group. The process becomes controlled and the personal disequilibrium experienced by the participants is minimised. Mystery becomes organised and the possibilities that arise for perception to be challenged are restricted. Although entirely appropriate for an outdoor activity this style is ineffective for adventure therapy. Leadership must be characterised by a style of non-direct intervention, which uses storytelling, mirroring, reflection, and modelling and non-judgmental influence. Through non-direct intervention possibilities remain free to be explored so that participants can find the questions for which the experience will answer. A detailed account of this style is outlined in other papers by this writer.

The interactional style of leaders is also reflected strongly by their language. It gives an insightful avenue by which leaders can invoke mystery. Whether used as spoken or written language, words can induce mystery, not so much through their direct or literal meaning, but in what is said " between the lines." This is equally relevant for interactional language as it is for journals, reports and follow up meetings.

Watzalawicki (1978) explains this more formally:

> There are two languages involved. The one in which, for instance, this sentence itself is expressed, is objective, definitional, cerebral, logical, analytic, it is the language of reason, of science, explanation and interpretation . . . . . .The other, ... is much more difficult to define - precisely because it is not the language of definition. We might call it the language of imagery, of metaphor, of "pars pro toto", perhaps of symbols, but certainly of synthesis and totality, and not of analytical dissection. (no page number provided)

Watzalawicki calls these respectively, digital and analogous language. To capture the mystery of the wilderness experience the use of analogous language is more effective.

To further this distinction a look at the variety of approaches leaders use to focus the thoughts of participants may be helpful. If analogous language tends towards the evocative, while digital language is prescriptive, then Example 1 provides an insight into the continuum of approaches between the two.

Evocative questioning requires patience, creativity and the ability to detach the questioner from the need to know. It is the process of finding an answer that is important, not necessarily the answer itself. Interestingly, when groups are asked question six there is a period of quiet reflection while people dream of clear, blue waters, sandy beaches and palm trees gently swaying in the tropical breeze. While an answer is available it is irrelevant as perceptions of tropical delight pervade the group.

As leaders begin to interact creatively and evocatively with participants the mystery within the wilderness experience is enhanced. In order to amplify the process generated by this mystery skills need to be applied that allow participants to find for themselves those requirements which address their personal needs and situation.

Example :

I want to find out your favourite food. How can I get this information? Or create the reflection that will lead you to telling me the information?

Provocative

⇑

1. What would you prefer - icecream, pizza, salad, hamburgers or pasta? (MULTIPLE CHOICE)
2. What flavour/type/topping/sauce etc ? (INTERROGATION)
3. What is your favourite food? (OPEN)
4. What's the best food you have ever tasted? (EXPERIENTIAL)
5. "When I come out of the bush I have lost 3 kilos. No fat, no junk food ..... but I do miss my daily indiscretions? (STORY - MYSTERY)
6. If you were stranded with only coconuts to eat and drink, what would you dream of eating when you eventually got back home to civilisation? (FANTASY)

⇓

Evocative

THE WINDOW

The window
Glimpsing wilderness
Out there, empty
Touching nothing
Frustrated, I turn away
To walk unknown steps alone

Along paths
Relentless and uncertain
Through rooms all shades of true
A twisted mirror of adventure
In a labyrinth of play

Mystery falls with abandonment
Failure triumphs from the heights
The window unlocked of secrets
From beyond
A beacon of insight

Delving into the Hidden Depths

A focus on process is central to the ability to explore the cauldron of understanding simmering on the fire of wilderness experience. As suggested in the analogy just used this process is dynamic and pervading. To delve into the personal meaning and relevance of the experience requires a consideration of the significance of mystery. Boyle (1997) has looked critically at the methods of debriefing commonly used in outdoor education to fulfil this role, and recognised the need for a greater scope in programming within this area. It is the belief of this writer that within adventure therapy there is little scope for what is commonly understood as a debrief. Before exclamations of heresy pervade the reader's consciousness please read on.

If the basic assumption is held that the unique value of adventure therapy lies in the creation of mystery, or put another way, in the development of metaphor, then any attempt to make sense of the wilderness experience must be carefully directed. Some debriefing techniques such as frontloading and framing will undoubtable encourage some insight into the mystery within the experience. However, there is real danger that they only skim the surface of the simmering cauldron. Therefore, leaders need to focus away from debriefing and towards briefing the participants on the process occurring as they strive to find understanding in the wilderness experience. This is more than a semantic variation. It is a radical attitudinal change. Rather than seeking knowledge of the experience, participants can work at understanding for themselves what level of meaning applies. This does not mean merely letting them reflect or find out on their own. Leaders can use techniques that establish vocabularies of explanation and process pathways by which participants can search for personal meaning. Approaches such as Brief Therapy, Narrative Therapy, Control Theory and Cognitive Restructuring are all appropriate techniques for this end.

Of key importance in the briefing of process is the need for leaders to free themselves from any goals for the direction of intervention. Instead, they need to work towards developing pathways along which participants can develop their own goals, and make their own decisions. These may result in a moral conflict for leaders. A clear understanding of the role of a therapist as an agent of change rather than moral watchdog or a personal adviser is paramount in these situations.

Conclusion – Metaphors or Mystery

The topic of metaphor has largely been avoided in this discussion. While a favourite talking point among many adventure therapists, it is an expansive area and one fraught with misunderstanding. However, it must be stated that metaphor is the vehicle of mystery. In many ways the two concepts can be interchanged in terms of this discussion. Due to the wide disparity of thinking on the meaning of metaphor it is considered appropriate to use mystery as a more concise term. Where metaphor is commonly used as a synonym for analogy it provides less insight into the interactional depths that can be explored. In analogy aspects of an activity represent clear parallel meanings that provide a prescriptive explanation for the participant. Tension arising from perceptual inconsistency is reduced and mystery becomes largely irrelevant.

Many "metaphorical" activities have been outlined over a number of years that clearly have value in an appropriate context. The aim of this discussion has been to delve into the therapeutic depth available within the wilderness experience. Therefore, an application of analogy, while useful is outside the scope of this criterion.

Finally, as adventure therapy looks for definition it is hoped that the prescriptive boundaries of science and knowledge do not hold sway in the mysterious, creative and borderless world that gives adventure therapy is unique place in the therapeutic community.

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6

A Question of Identity

By Jenny Bunce

Pressures towards the increased professionalization of adventure therapy have prompted continuing and vigorous debate and some underlying conflict, as we consider difficult issues such as ethics, standards, training, certification, and best practice. It seems very difficult to come together across our professional boundaries and different experiences, to resolve these issues and enable the field to progress and develop. I suggest that one reason behind our difficulties in resolving the issues could be the existence of important unresolved questions of professional identity; therefore, this paper is focussed on "A question of identity."

Starting Point

I have taken as my starting point a quotation from Jennifer Davis-Berman and Dene Berman from the final chapter of *Wilderness Therapy*. The chapter argues for increased professionalization of therapeutic wilderness programming, and for the "blending of the dual roots" of the outdoor adventure and mental health traditions. They suggest that "One component of professionalism is certainly the basic definition of the field itself. It is virtually impossible to forge ahead and develop and refine a professional identity without a clear vision and understanding of the nature of the field itself. However well intentioned, it appears that this is exactly what has happened in this field." (Davis-Berman and Berman, 1994, p. 207)

The Bermans were talking of wilderness therapy and reviewing the heated debate, which has occurred within that field, over questions such as "What is therapy and what is therapeutic?" and issues such as necessary qualifications for personnel. I suggest that their discussion has application to the broader field of adventure therapy, and that the debates reviewed by the Bermans are no less heated in 1997. The advent of ADVTHE-L, the internet adventure therapy discussion group, has provided us with an immediate and continuing forum for debate across geographical and professional boundaries, and there have been some sustained debates on a number of topics relevant to our question of identity (e.g., "Therapy vs. Therapeutic").

Simon Crisp (1997) has also provided us with a different kind of starting point with a report produced just prior to this conference. His investigation of international models of best practice in wilderness and adventure therapy is relevant to this field and to questions of professional identity (see chapter 7 of this text).

Developmental Perspective

In an article in his own text, *Adventure Therapy*, Michael Gass (1993) discusses the evolution of adventure therapy as a profession. In the light of that discussion, I reflected on the significance of this first international conference signified from a developmental perspective. "Could it signify a marriage?" "A pregnancy?" "A birth?" "A rite of puberty?" "Or a coming of age?"

To me, adolescence seems the most appropriate metaphor. Adolescence is generally seen as the first stage in life in which there is a focus on questions of identity. In many cultures, adolescence is the first time in which significant personal choices may arise. Typical issues include independence, responsibilities, challenge, and values. Furthermore, many of our clients are young people. Adolescence is a period of storm and stress, of highs and lows, of energy and enthusiasm, of living in the moment and looking into the future, of reaching out in new ways to other people. It is a time of widening horizons. And it is a time of questioning.

A Question of Questions

When questioning is important to a therapeutic approach, or to a professional debate, it can be very important to question the questions. The influencing power of questions is often underestimated, and asking questions may even be categorised as an attending skill (e.g., Ivey et al., 1967). However, the questions we ask may be a major factor in shaping our reflections, and in making changes to our thinking. So it may be helpful in our debate, to think about the questions as well as the answers.

For instance, we may wish to question the alternatives offered in a multi-choice format question. We seldom have to choose between all or nothing, or between either and or. Models presented as categories may be more helpfully presented in terms of continuums, and there are many occasions on which we can both have our cake and eat it.

It is often helpful to consider the importance of a question - are we questioning an article of faith, a mission statement, or merely a habit or a personal preference? Note that in the case of people wishing to work in partnership, a "crunch" issue for either side becomes an important issue for us all. We will not be able to move on together by simply taking a vote, or dismissing the question.

Finally, we may need to consider whether the question relates to a question of universal fact, differing contextual reality, or opinion. Much debate and criticism within social sciences has arisen from the blurring of these distinctions.

Acquiring Identity - Inside out or Outside in?

For both individuals and groups, we can distinguish a number of ways in which identity may be acquired. There are three ways in which identity may be acquired from outside in. Firstly, identity may be bestowed or conferred, e.g. The New Zealand Association of Counsellors has a Maori name of "Te Ropu Kaiwhiriwhiri o Aotearoa," with a logo inspired by this name. According to the Association Handbook (1995) this broadly translates as: "The weaving group of Aotearoa." Weaving is used in the figurative sense meaning the combining together of various elements into a whole (i.e., making the whole person, drawing "ideas" or "threads" together). The name was suggested by Don Ngawati and approved by Sir Kingi Ihaka of the Maori Language Commission. (p. 1) The "mana" or status of the bestower of identity is of particular importance. Secondly, identity may be a media creation. Such creation may be intentional, as in the case of a politician or an entertainer, or it may be an unplanned and possibly unwanted consequence of publicity, e.g., when the image of a profession is coloured by highly publicised cases of professional malpractice. Thirdly, identity may be earned. A professional body may recognize and accredit an individual who has met the requirements laid down.

Identity may also be acquired "inside out" in a number of ways. We may use self-declaration, as in "coming out," or in developing a mission statement. Selecting a name or a logo can also make a statement about who we are. For instance, the cover of *Wilderness Therapy* (Davis-Berman & Berman, 1994) displays a photo of a 3-petalled white flower used in their logo for the Wilderness Therapy Programme. The logo consists of the flower, surrounded by a circle which includes the name of the programme, and the words mind, body, and spirit. It would be interesting and inspiring to consider the range of description, metaphors or logos which might be produced by adventure therapy practitioners for our field as a whole, but at this stage, it seems highly unlikely that we would be able to agree on one conceptualisation of our identity.

Another inside-out way of acquiring identity is by discovery. We may, as in adolescence, try on a number of identities to see which fits best, or we may investigate the "new-old story" (Hewson, 1991) with the aim of uncovering parts of our identity which were previously unknown or ignored, and thus left out of our story. Finally, we may come together to co-construct our identity, reflecting at the same time on who we are and who we want to be. Such an approach is likely to be somewhat messy and to lead to an evolving conceptualisation rather than a neat answer, but this may be appropriate for people for whom a journey is a popular metaphor. In this paper, I am focussing on the "inside out" approaches to identity, which seem particularly appropriate to this conference.

Who Are We?

Personal and professional identity.

Within professional groups, we often act as if personal and professional identity were quite separate. Considering personal factors may even be viewed as unprofessional. Such a view has been particularly criticised by Carl Rogers, founder of the hugely influential "person-centred therapy." In elaborating on congruence, one of three core conditions to foster growth, Rogers stated that "It [congruence] means avoiding the temptation to hide behind a mask of professionalism" (Rogers & Sanford, 1985, p. 1379).

At least within the healing and education professions, there is a body of research supporting the idea that aspects, of who the practitioner is as a person, are likely to have considerable impact on the process and outcome of the work. Who we are may be just as important as what we carry in our magic bags of activities, our theories, and strategies. Our values, our life experience, our family of origin, our cultural roots, our preferred ways of relating to others, our deeply held beliefs, and our genuineness, and respect for ourselves and others, such aspects of who we are will inevitably come into our work. If we deny or ignore these connections, or lack self-awareness, it is possible that aspects of who we are may impact negatively on our work (e.g., we may have areas of vulnerability, which become no-go areas for clients). We may unwittingly impose our values, or project our wishes on to others. We may make inappropriate judgements, seeing what is not there and missing what is. We may have things to prove, unresolved issues, and large buttons waiting to be pushed. Fortunately, training, supervision, and reflection can help us identify and work on any problematic issues, while assisting us find ways of working which are true to ourselves and helpful to those with whom we work.

Identity hiding places.

Identity is not unitary, but rather made of many interwoven and interacting aspects. So in seeking to discover identity, we may well have to search in a number of hiding places. We must also be open to the likelihood that our own preferred hiding places may be of little importance to someone else. Some common identity hiding places are listed below:

- Roles - student, parent, partner, occupation
- Roots - Heritage, tradition, family, culture, and land, where do I come from? Who goes ahead of me? What do I bring with me?
- Values - what do I stand for? What matters most? What are my goals?
- Appearance - ~~body shape,~~ skin colour, self presentation
- Allegiances - Who do I belong with? What groups do I belong in?
- Credentials - qualifications, achievements, skills, abilities
- Personality - temperament, style
- Beliefs - world view
- Status - gender, age, sexual orientation, marital, nationality, race, SES
- Name - title, first name, family name, official name, nickname.

We might seek to define our identity by systematically considering each of these aspects. But systematic description may not capture identity. We can see this in some inadequate attempts to assess constructs such as self-concept and self esteem among adolescents. Standardised scales based on assumptions about what will be significant to a young person, may well lack validity at the individual level, if they include aspects which are not defined by the young person as important. Therefore I would suggest that a systematic description of who we are might not get to the heart of the identity matter.

Saying who we are.

When we introduce ourselves formally, it is likely that we will select aspects of who we are (and who we are not) which are salient for that context, although we are likely to leave out the obvious, common aspects, which we share, and focus on the distinctive. So it is interesting to reflect on how we introduce ourselves in professional contexts, both within the field of adventure therapy, and outside (e.g., responding to an invitation to "Say who you are" at a conference workshop). I would likely start with my name and then focus on my professional roles as a practising counselling psychologist, university teacher, and trainer of psychologists and counsellors. I might also indicate that adventure therapy is not central to my professional identity. Given the international context, I might also say where I come from. However if the gathering were a *hui* taking place on a *marae* (a Maori meeting place), my saying who I am would be very different. The prime emphasis would be on roots (people and land) to establish credentials and make links to those present (and those gone before). My name would come at the end, and I might possibly not even mention my occupation.

So which aspects of identity are most important for professional identity for adventure therapy at this point of the journey? I shall concentrate on name and allegiances since these occupy a central place in current professionalization debate, and are linked with other important identity issues such as credentialling.

The Name Question

This is a chicken or egg question. Do we start with the adventure therapy name and then debate the definition, or do we define the field and then choose a name? Either way, we encounter strongly held views about the word "therapy." Those of us who come to "adventure therapy" as mental health professionals, are particularly likely to advocate a narrow and carefully defined use of the term. Many of us would also see this as a crunch issue with ethical implications. This view has been clearly presented by the "Ethics Forum" at this conference. Another reason for caution is the understanding that the connotation of the word may differ significantly between different English speaking countries such as the United Kingdom and the United States of America. We would presumably not want our name to be an added barrier to client participation.

I suggest that if we wish to offer "therapy" and be seen as "therapists," we will need to meet locally established professional standards of training and certification, to limit membership of the professional body to those who meet requirements, and to adopt a compulsory code of ethics with a complaints procedure. Alternatively, any programme offering therapy would have to be staffed by those with memberships of relevant, existing professional bodies who provide such structures.

Therapy or therapeutic?

A prolonged and wide-ranging debate on this subject took place earlier this year within the internet adventure therapy discussion group (ADVTHE-L). Some have seen these terms as very similar. For instance, the subtitle of Michael Gass' 1993 book titled *Adventure Therapy*, is *Therapeutic Applications of Adventure Programming*. However, I find it helpful to distinguish between the two terms. For me, as with "education" and "educational," the noun implies a focus on intentionality, while the adjective relates more to the outcome. As an example, I might regard a family bungy jumping expedition as therapeutic, but I would not want to label the bungy operator as a family therapist.

I see some advantages in choosing the label "therapeutic" as in the Therapeutic Adventure Professional Group of AEE or in the term "therapeutic wilderness programming" as used by the Bermans and others. If we choose a "therapeutic" label, and avoid working with identified mental health client groups, we may be able to avoid some of the issues created by the word "therapy."

Definitions?

It seems likely that some of our differences arise because we do not share a common definition of therapy. Leading writers such as Lee Gillis and Michael Gass have suggested a continuum approach where therapy is at the "deep end" of a continuum ranging across recreation, enrichment, adjunctive therapy, and primary therapy. (See, for example, Gass, 1993, p. 74.) More recently, Simon Crisp has developed a continuum in categories with a clear boundary between therapy, whether uni-modal or multi-modal, and enrichment (Crisp, 1997, pp. 7-9). My own continuum ranges from education, through psychoeducation to therapy, but I would also suggest a clear boundary around therapy.

Once again we have different views about the boundaries of therapy. My own rather restrictive, current definition of therapy highlights the boundaries. I see therapy as an intentional intervention process designed to address specific individual problems, through the application of mental health principles and practices. To a significant extent, it is individualised in both planning and evaluation.

When this process involves adventure programming or wilderness settings, I would use the terms "adventure therapy" and "wilderness therapy", applying Simon Crisp's distinction between multi-modal (adjunctive) and uni-modal (primary), depending on the overall programme context.

A Question of Professional Boundaries

Closely related to the name question are identity questions of allegiance, belonging, and inclusion. As is typical during the stage of group formation, we are asking, "Who belongs here?" "Is there a place for people like me?" and "How does this group fit in with other groups?" An example of this came from a meeting of the "Conference Training Forum" at the 1st International Adventure Therapy Conference. Some of those present made a fundamental distinction between adventure for its own sake, and adventure as a chosen means to a therapeutic end. This was suggested as a possible identity boundary. However, for others in this forum the distinction was irrelevant and there was a desire to be completely inclusive. Clearly, this difference has important implications for the boundaries of the field. If we want our field to have no boundaries, it will become imperative to develop an agreed definition of our core, or risk identity diffusion. If we wish to encourage participation in our field by those with a wide variety of professional backgrounds, we are immediately confronted by further fundamental important questions such as those surrounding competencies, training and qualifications. Questions such as, "Who amongst us is qualified and competent to do what?" and "What competencies and training are necessary for competent practice?" have been clearly raised by leading writers such as Michael Gass (1993) and Jennifer Davis Berman & Dene Berman (1994). They are also discussed on the internet and at workshops, conferences, and other gatherings. And an early version of the Ethical Principles of the Therapeutic Adventure Professional Group of the Association for Experiential Education (included in Gass, 1993) devoted the first section to "boundaries of competence." And yet, I sense we still do not have general agreement on any of these issues.

Again, I conclude that if we want the richness and stimulation that can come from bringing people together across professional boundaries, we will need to face up to some very difficult questions regarding competencies, training, and qualifications. We will also need to have a much more adequate research base relating to best practice, and more generally, to the process of adventure and wilderness therapy.

What About the "Glass Boundaries"?

We have talked a lot about professional boundaries, but I would like to also draw attention to glass boundaries, which some people have experienced in our field. These are invisible barriers which act against the professed value of inclusiveness, and which serve to reduce participation and contribution from certain groups. The "glass boundaries" are unintentional, and typically unobserved by many on the inside.

Gender.

Where are the women in adventure therapy? Men seem much more visible as leaders, writers, presenters etc. in this field. Female contributions seem to be most evident when discussing a specifically female application. Comments on male domination in the field of adventure therapy are made, but we do not seem to hear, or to investigate. For example, Nancy Gilliam (1993) writing in *Adventure Therapy*, maintained that "many programmes are still heavily laden with male images and values (p. 213)." Recently, Simon Crisp (1997) reported that many of the practitioners he interviewed raised concerns that men historically and traditionally dominated the field. And many women I have talked to have discussed the difficulties of combining wilderness therapy with their other roles.

In my experience, some fields of therapy have been traditionally dominated by female values, while male values have been more evident in outdoor and adventure traditions. I would argue along with many other practitioners, that both fields benefit from the full involvement of men and women, and that we need to consider gender issues in programme development, practice, evaluation, and research.

Nationality and culture.

An exciting aspect of this conference is the international status, and the opportunity to meet with enthusiasts from different parts of the world. But even at this conference there is an underrepresentation of some cultural groups including aboriginal people from this country. Cultural factors appear to be generally ignored in our mainstream literature, appearing mainly in writing about specific applications.

We know there are significant international differences among our working contexts, e.g., legislative frameworks, public/private provision of client services, funding channels, gender roles, cultural values, etc. Even among nations with some common heritage, and some apparent language in common such as Australia and New Zealand. So it is important that we consider carefully the relevance and applicability of conclusions reached in other settings. This is especially important when so much of our literature comes from North America. In the case of New Zealand, we are increasingly aware of our unique cultural identity, and are finding that some imported theories and models of practice do not fit for us. On the other hand, wilderness and adventure therapy fit very easily within our context as has been illustrated in a number of significant presentations at this conference. Again, I believe the field of adventure therapy has everything to gain by working to reduce any cultural barriers to participation in adventure therapy.

Blending the Dual Roots

Throughout this discussion of professional identity, repeated reference has been made to the challenges involved in what the Bermans have described as "blending the dual roots" of the outdoor/adventure and mental health traditions. Clearly, blending the dual roots constitutes a major challenge in developing a professional identity for adventure therapy. At this point, I doubt we even agree about the blending process. Are we considering the issues of takeover, domination, independence, co-operation, alliance, multidisciplinary groups, partnerships or a new profession? If we wish to adopt a genuine collaborative approach to the blending, we will probably require sustained motivation, so it may be timely to consider what we have to gain from bringing the two traditions together.

What do we bring?

Contributions of the adventure side to therapy include: a tradition of commitment to the philosophy of experiential education, a commitment and enthusiasm of practitioners, a holistic approach including spiritual or meaning dimension, concepts and expertise in "risk management," experience with the wilderness contexts if programs, easy engagement of reluctant clients, therapeutic power potential, opportunities for co-therapy, refreshment for therapists (e.g., a vehicle to prevent or limit anti-burnout), opportunities for education, development, and fun. The contributions of the therapy side to adventure include: extensive experience with clinical supervision, extensive experience in providing clinical training, clearly articulated ethical standards, concepts of informed consent, boundaries (though there is a tradition of this in the adventure side as well), expertise in compatible therapeutic approaches (e.g., narrative, solution focussed, group work), experience with cultural and gender issues (e.g., social work and counselling traditions), and a range of professional traditions. We also bring our skills, training, and certifications. From the adventure side we get: 1) general "hard" skills (e.g., wilderness, outdoor, first aid); 2) "hard" skills competencies in specific activities (e.g., ropes, kayak); 3) "soft" skills (e.g., leadership, group facilitation, judgement). The therapy side brings, 1) general skills in basic qualification; 2) specific skills in therapy modality (e.g., family therapy, group work, mediation, therapeutic community); 3) specialist skills with particular client groups (e.g., drug and alcohol, justice system, mental health, abuse).

How to blend these roots?

If we want to go down the professionalization path, we must find an answer to training and certification and accreditation questions that fully honours all the skills, which are relevant to a particular programme. If we want to be seen as therapists, we must ensure that we meet recognized professional standards in therapy. If we are to be physically safe, we must ensure that leaders have recognized qualifications in adventure. How can we do this? One answer is to look for super-leaders with multiple certifications. In many contexts, this could prove prohibitively expensive, or impracticable in other ways. For this reason, I support the concept of a co-leadership team, which together includes the range of specialist skills required, with sufficient appropriate lower level cross training in general skills.

Conclusion

We started with a question of identity and ended up with lots more questions. For instance:

- Do we want to go down the professional path?
- Do we want to define our field? Do we want any boundaries?
- Do we choose the therapy label?
- Do we want to blend the dual roots?
- Do we want to go it alone, taking responsibility for ethical and professional standards and accountability processes?

Even to consider the questions, we need to come together, and I would expect (with my biases) that as on many other journeys, it may well be the issues related to so-called "soft" skills, which will provide our greatest challenge. Can we reach out across the gaps, and through the barriers of culture and professional background, to identify the values we hold in common, and yet appreciate our diverse skills and traditions?

Differences can serve to divide, and to fuel prejudice and power struggles. But differences can lead to growth and creativity, and to enrichment. If we can work through and build on our professional differences, we can surely provide a greatly strengthened base for our professional practice. And we may also develop our adolescent identity to the point where we may leave home and relate to our parents as adults, either as individuals, or as adult partners in a new relationship.

I congratulate the organizers of this conference for their vision and energy in creating this opportunity to come together and reflect on the big picture — who we are, where we come from, what we bring with us, and where we want to go.

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7

International Models of Best Practice in Wilderness and Adventure Therapy

By Simon Crisp, MPsych, MAPsS

Introduction

This paper is the result of a three month Churchill Fellowship study of wilderness and adventure therapy programs in the UK, USA and New Zealand. The aim of the study was to study 14 different programs (Table 1) and meet with leading authors, trainers, researchers and practitioners in the field. From this study tour, this author has attempted to explore critical issues of practice and develop key elements of best practice in wilderness and adventure therapy. While not a totally comprehensive survey, the programs investigated were intended to provide a representative range of different approaches and models. In undertaking this study, it became necessary to define key terms, program types and comment on socio-cultural influences. Detailed descriptions of each program and deeper discussion of theoretical and definitional issues are expanded in a full report available from the author (Crisp, 1997).

Background

An investigation of innovative methods using wilderness and adventure interventions in mental health programs is particularly important at this time. There is a need for more effective and more accessible means for not only treating, but also providing protection against severe mental health problems, particularly in adolescence. As the field grows, directions in program development and methods of practice need to be described and delineated so practitioners and administrators can ensure standards are maintained and strive to be the best possible. The successful maturation of an emerging field needs to be able to show the efficacy and full potential of the intervention in order to be maximally accepted. Indeed, adverse outcomes and malpractice may represent the greatest threat to support and acceptance of this approach, which is critical to its future development.

What is needed is a treatment approach which gives people the chance to address the core of their mental health issues in a way that minimises stigma, but also promotes development in crucial areas of competency and performance, responsibility, judgement, social orientation, motivation and identity. Benefit would also be provided by enhanced resilience to stressors and precipitants of mental health problems therefore adding protection against future difficulties. Evidence already points to wilderness and adventure therapy as being able to provide this (Davis-Berman & Berman, 1994; Gass, 1993; Gillis & Babb, 1992). Many innovative and varied programs have existed and been developed in other countries for many years, even decades. None more so than the United States (Davis-Berman & Berman, 1994), and to a lesser extent New Zealand and Great Britain.

Table 1
Programs Investigated (chronological order)

Program Name	Location
Basecamp	Dumfries, Scotland UK
Brathay Hall Youth Program	Cumbria, England UK
Eagleville Hospital Challenge Program	Eagleville, Philadelphia USA
Lifespan Wilderness Therapy Program	Dayton, Ohio USA
The Browne Centre, University of New Hampshire	Durham, NH USA
Talisman School - Camp Elliott	Black Mtn, N. Carolina USA
Project Adventure - LEGACY Program	Covington, Georgia USA
Inner Harbour Hospital	Douglasville, Georgia USA
Three Springs	Huntsville, Alabama USA
Colorado Outward Bound School	Denver, Colorado USA
Santa Fe Mountain Centre	Santa Fe, New Mexico USA
Anasazi Foundation	Mesa, Arizona USA
Aspen Youth Alternatives	Loa, Utah USA
Special Education Service - Otago	Portobelo, Dunedin NZ

While undertaking this study, it quickly became apparent that culture, history and tradition had a significant influence on methods of practice. In particular, how culture relates to group norms, authority of the therapist, group affiliation, meaning and connotations of language, identity, and so on. In addition, notions of 'mental health' and the sociological influence on problems effect how programs are developed and how they relate to other services. Together with historical precursors, this has contributed to the diversity of program types and how they are applied.

The objectives of this paper are, a) to compare programs in key areas (see Appendix), b) to clarify any theoretical issues which may be relevant to best practice, and finally c) to discuss and draw conclusions about practice and professional issues from the programs investigated and discussions with leaders in the field.

Scope of the Study and Reliability of Data

The data for the study is derived from a combination of structured and unstructured interviews, program literature (where available), direct observation and participation in activities with client groups, and observation and participation in training programs. While the report is primarily based on the programs listed in Table 1, many of the published leaders in the field were also interviewed including Lee Gillis PhD, Dene Berman PhD and Jennifer Davis-Berman PhD, and Michael Gass PhD. Training programs were also visited including the Masters of Science degree in Psychology (Adventure Therapy track) at Georgia College, Milledgeville, the Wilderness Counselling Stewardship course run by Lifespan Wilderness Therapy Program, and under-graduate and graduate programs in Outdoor Education at the University of New Hampshire at Durham.

Definitions and Assumptions

Travelling between countries, it quickly became apparent that professionals used terms differently. Additionally, much of the empirical research is poor at providing operational definitions, which would allow reliable replication. The definitions arrived at in this paper are the result of discussions with numerous professionals and through observations of practice within programs. These terms and distinctions are the simplest and most useful I could develop. While some authors may argue about the following definitions, there is a need to be clear about the meanings of key terms I shall be using.

Adventure therapy.

Adventure therapy as a term is frequently used to include, more-or-less, the entire field of wilderness, outdoor and adventure interventions. Other times it refers to specifically short-term, non-wilderness based non-residential approaches such as ropes course and initiative activities. This becomes confusing, and tends to hide important differences in practice and assumptions about therapy.

Here, I define adventure therapy as a therapeutic intervention, which uses contrived activities of an experiential, risk taking and challenging nature in the treatment of an individual or group. This is done indoors or within an urban environment (i.e., not isolated from other man-made resources), and does not involve *living* in an environment (e.g., participants do not cook their own meals or sleep overnight). The emphasis is on the selection and design of the activity to match targeted therapeutic issues and the framing and processing of the activity (Gass, 1995). Examples of such contrived activities include group trust, initiative and problem solving activities (Rohnke, 1984 & 1991; Rohnke & Butler, 1995), ropes and challenge elements (low and high), indoor climbing gyms, and so on. I would distinguish adventure therapy by its emphasis on the contrived nature of the task, the artificiality of the environment and the structure and parameters of the activity being determined by the therapist, such as setting of rules, goals and criteria for success or failure. Specific outcomes are usually planned and sought for through careful framing prior to the activity. In practice, adventure therapy typically utilises metaphoric, strategic and solution oriented paradigms (for specific applications see Gass, 1993), and often addressed specified behaviours such as impulsiveness, assertiveness, substance abuse relapse, etc. Theory of change tends to be based around the systemic concept of 'disequilibrium' (Nadler & Luckner, 1992).

Wilderness therapy.

Wilderness therapy can be contrasted with adventure therapy through the emphasis given to the impact of an isolated natural environment[1] and the use of a living community. Theory of change was often based on concepts of "adaptation." The combination of environment and community can be encapsulated in the notion of a "therapeutic wilderness milieu," and typically include two different intervention formats: 1) *wilderness base camping* - establishing a camp with minimal equipment in an isolated environment, and 2) *expeditioning* - moving from place to place in a self-sufficient manner using different modes such as back-packing, rafting, canoeing, cross-country skiing, etc. Base camping is frequently combined with expeditioning, while expeditioning is often used exclusively. Therapeutic paradigms frequently include generic group therapy and group systems models, and inter-personal behavioural methods. Experiencing of natural consequences of behaviour was also emphasised. Outcomes are frequently related to social roles, patterns in relationships and notions of adaptation (both social and environmental). Change is often (but not always) seen to be holistic, coupled with personal and inter-personal insight, and to emerge from a social process over time. Perhaps overly simplistic, wilderness therapy involves modified group psychotherapy applied and integrated into a wilderness activity setting.

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[1] An emerging holistic paradigm that emphasises the importance of the wilderness environment and lifestyle in healing is "ecopsychology" (see Roszak, Gomes & Kanner, 1995).

Wilderness-adventure therapy.

Wilderness-adventure therapy can be thought of as distinct from, but related to the previous two types. Here wilderness activities may be done in a short session format, or where a natural (but not necessarily isolated) environment is used for an adventure therapy type of activity. Examples include rockclimbing or abseiling on natural rock or a caving activity conducted in a real cave, over several hours or within a day. The activity does not extend over night (so there is minimal emphasis on community living), but the activities utilise qualities of the natural environment. For research purposes wilderness-adventure therapy in particular should be differentiated from wilderness therapy and from adventure therapy.

Wilderness and adventure therapy versus enrichment versus recreation.

Based on the surveyed aims and program descriptions of a number of adventure therapy programs for families (mostly ropes course based) Gillis, Gass, Bandoroff, et al. (1991) placed these along an uni-dimensional continuum representing "...the depth of intervention used..." (cited in Gass, 1993, p74). This is represented by Figure 1 (adapted from Gass, 1993).

Recreation / Enrichment / Adjunctive Therapy / Primary Therapy

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Figure 1. Gass' continuum of adventure-based practice

The level of "depth" is determined according to the following surveyed factors; specific needs of the client and the complexity of therapeutic issues, background training and therapeutic expertise of the therapist, length of time, context of the client, presence or absence of follow-up, availability of adventure experiences, and therapist's ability/limitations in using adventure experiences in his/her treatment approach (Gass, 1993).

However, rather than a graduated continuum, it would seem even more useful to highlight distinctions based primarily on the *presence or absence of therapeutic procedures*, such as an assessment and diagnostic formulation, specificity of treatment objectives that relate to causative processes, and the use of an individual treatment plan (Figure 2.). Length of time, context of the client, complexity of client's therapeutic issues, availability of adventure experiences and the therapist's ability/limitations in using adventure experiences in his/her treatment approach, although related are functionally *independent* of whether a therapeutic approach is being utilised (according to the definition I use here).

Recreation	Enrichment	Therapy

Figure 2. Simplified delineation of adventure-based practice continuum

My definition of therapy involves the treatment of an underlying dysfunction which seeks a specific change following a diagnostic analysis of a long-standing problem or behavioural pattern (for further discussion see Crisp, 1996; Davis-Berman & Berman, 1994). Enrichment is the provision of a positive and potentially beneficial experience, which can enhance the client's position relative to their disorder or dysfunction but does not attempt to directly address the underlying cause of a client's problem. Any therapeutic change, which may occur, is likely to be accidental (i.e., unpredictable and unplanned, and may be transitory in nature). Change is likely to be transitory because the underlying process, which maintained the dysfunction, would probably still remain. Indeed, many practitioners report concerns regarding the short-lived nature of some therapeutic changes they had seen clients make because underlying contributing and maintaining factors such as family issues or peer influences were not addressed. Enrichment interventions typically aim to give the client a positive experience, which is intended to be of benefit. There is no, or at most only a cursory attempt to understand the causal or maintaining processes underlying the client's dysfunction. Indeed, interventions are commonly made on the assumption that the experience in itself will move the client towards psychological health. That is, individualised outcomes for the client are not specified nor deliberately worked towards.

Here we can see that although enrichment may not directly deal with the process underlying dysfunction, it is still valuable as the experience may indirectly move the client to a more advantageous position relative to their problem. Alternatively it may strengthen a client's resources or coping mechanisms against the factors causing dysfunction following treatment. An example would be to increase self-esteem for substance abusers rather than deal with the causes of substance abuse itself, such as depression or isolation or sexual abuse, and so on. However, as the process underlying the dysfunction is likely to be unchanged, enrichment does not constitute treatment of the disorder, and is therefore importantly different from therapy.

Recreation lies in contrast to both therapy and enrichment, particularly in the assumption of adequate functioning and psychological health. Here, the individual will extend their normal functioning to greater levels of achievement based on a spontaneous learning process, which is determined by the interaction of the individual with experience.

Clearly the aim is not to set out to address an individual's problem but to enhance achievement processes. Again, where an individual may be able to increase achievement this is likely to be of benefit but clearly does not involve treatment of dysfunction, and therefore is not therapy.

In practice, the presence or absence of a number of important elements typically draws the above conceptual distinctions. Not least is an implied or explicit contract between client and service provider. This contract includes the intended aim, and therefore outcomes of the intervention, the role the client will take, including the degree and type of disclosure made, and what the role of the person providing the intervention will take with the client, that is, as therapist, facilitator or educator. The steps of making some form of diagnostic assessment and deriving a treatment plan based on the specific individual circumstances of the client are crucial elements of a therapeutic process. Further, drawing on a knowledge base and theory about the type of dysfunction or disorder during assessment will guide a therapeutic approach. On the other hand, enrichment and recreation typically takes a universal or standard approach to all clients that relate little to a theory of therapy or psychological disorder.

An analogy may be useful to illustrate these points. In a physically normal person, exercise such as running may be highly beneficial to increase fitness and improve quality of life. However, for someone with a broken leg in need of treatment, what is "therapeutic" is a treatment intervention which takes account of the nature of the dysfunction (i.e., diagnosis of the type and site of the break) along with a treatment plan that is based on a knowledge of the healing process (i.e., a re-aligning the bones into the correct position, immobilisation, followed by graduated specific exercises which are reviewed and modified), and so on. While gentle, cautious walking may be an adjunct to the treatment process at the appropriate time (like enrichment), and running becomes beneficial once the limb is functional (like recreation), neither of the latter two are sufficient as a treatment or therapy for a broken leg.

Further, a healthy person doesn't visit a hospital physiotherapist if they want to enhance their fitness and sporting ability, neither does a person with a broken leg consult a fitness trainer for treatment of their broken leg. While both professionals share a common knowledge base of anatomy, physiology, biomechanics, etc. the physiotherapist has specialist skills in diagnosis and treatment and works within a system which can provide adjunctive treatment if needed (e.g., x-ray assessments, anti-inflammatory medication, etc.). Clearly, the client may consult both of these professionals at different times for different purposes. The client has very different expectations about what is being offered and how, and what outcome is being sought. The specifics of the contract, role and relationship between client and professional will be obviously different depending on whether the client consults the fitness trainer or the physiotherapist.

Uni-modal therapy versus multi-modal therapy versus adjunctive enrichment

While enrichment has been differentiated from therapy in the previous section, there are clear differences in the *mode* of wilderness and adventure therapy which hold important distinctions from what can be termed "adjunctive enrichment" (Figure 3.).

Recreation	Enrichment	Uni-modal Therapy
	Adjunctive Enrichment	Multi-modal Therapy

Figure 3. Schematic representation of enhanced levels of programming in adventure-based practice.

Uni-modal Therapy is where wilderness or adventure therapy is the only therapeutic intervention used to treat a problem. There may be supporting activities surrounding this including such things as an assessment process, case management and follow-up, but the primary therapeutic intervention is the wilderness or adventure therapy. Group size may vary but tends to be similar to other group therapies (i.e., 6-8). An example of this includes the Lifespan Wilderness Therapy Program. These types of interventions are typically carried out by highly qualified clinicians with a broad range of therapeutic skills. This should be contrasted and compared with Gillis, et al.'s (1991) description of "primary therapy."

Multi-modal Therapy is where wilderness or adventure therapy is combined with other therapies either concurrently or in series. There is frequently a clear clinical rationale used to guide the way the therapies are combined and the different therapies are unified by an overall treatment plan. Common examples include combining adventure therapy with individual therapy or group therapy as part of an overall therapeutic program (concurrent: e.g., Eagleville Hospital), or individual or family therapy prior to, or following a wilderness therapy intervention (e.g., The Browne Centre, Adventure Development Program). The objective of this paradigm is that the different therapies combined will have a complimentary and compounding therapeutic effect.

This is to be differentiated from *adjunctive enrichment*. Gillis, et al's continuum model uses the term "adjunctive therapy" where it is implied that wilderness or adventure therapy as an adjunct to other therapies involves a lesser (therapeutic) "depth"' than "primary therapy". Examples which contradicted this notion were found, such as a number of therapeutic wilderness camping programs. A more useful and accurate distinction can be made between programs, which use wilderness and adventure experiences as an adjunctive *enrichment* to other therapies, and those programs, which use multi-modal wilderness and adventure *therapy* with conventional therapies.

In the former, the wilderness or adventure enrichment does not involve therapeutic practices, and is likely not linked with other therapy by an overall treatment plan while in the latter the therapeutic process of the wilderness or adventure therapy intervention may be just as involved as uni-modal therapy. It seems more accurate and more useful not to use the term "adjunctive therapy," but rather to differentiate between "multi-modal therapy." and "adjunctive enrichment." Similarly, Gillis, et al's notion of a *continuum* of therapeutic depth seems less helpful than discrete delineation. By my definition above, either something is therapy, or it is not.[2] What should differentiate the two is whether therapeutic procedures are instituted (therapy) or not (enrichment).

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[2] In the same way someone is either a 'therapist', or they are not. You cannot be 'a little bit' of a therapist, and someone else 'very much a therapist'.

Typology of Different Programs[3]

Uni-modal programs.

Of those investigated, uni-modal programs tended to be longer-term approaches such as wilderness therapy and therapeutic wilderness camping programs. While no other forms of therapy were undertaken, some screening and assessment sessions were often included prior to the therapy intervention, and/or parent contact was maintained for the purposes of discharge planning and other case management needs. A good example of this type is the Lifespan Wilderness Therapy Program (which also functions, as multi-modal depending on client need) and Aspen Youth Alternatives.

Multi-modal programs.

These programs were the majority of those investigated, and spanned a range of settings from clinical in-patient (e.g., Eagleville Hospital), comprehensive mental health facilities (e.g., Inner Harbour Hospital), experimental out-patient programs (e.g., The Browne Centre), therapeutic wilderness camping programs (eg., Three Springs), and wilderness and adventure therapy (e.g., Colorado Outward Bound School Survivors Of Violence Program, and the Adventure Development Program).

Most commonly, the wilderness or adventure therapy was combined and integrated with parent and/or family therapy either concurrently or in series. This indicates recognition of the need to address broader systemic issues, which is consistent with conventional clinical practice. In larger, highly structured programs, other group therapies such as drama and art therapy, equestrian therapy, horticulture therapy, etc. were combined with wilderness and adventure therapy. Less common was the routine combination of individual therapy with wilderness and adventure therapy. This may be indicative that most programs tended to emphasise the working of individual issues through the group, or that any unresolved individual issues are addressed prior to the wilderness or adventure therapy intervention.

Cultural & Social Influences

It quickly became apparent that broader systemic and social factors have influenced the establishment and growth of wilderness and adventure therapy in the three countries visited. These variations were also apparent regionally, particularly within the USA. For that reason the following tentative hypotheses and observations are included for consideration. An excellent historical account of the development of wilderness therapy programs in the USA is given in Davis-Berman and Berman (1994).

Historical, cultural and class influences seem to have lead to different values and attitudes amongst clients, particularly in relation to authority of the therapist and the importance of autonomy, individualism and group affiliation of clients. These differences have significant influences over therapeutic approaches and expectations of the therapist when conducting wilderness or adventure therapy. While class issues appear to be significant in how clients are worked with in the UK, things like street gang culture, attitudes to authority and group affiliation tend to shape methods for USA clients.

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[3] A good discussion of the variety of therapeutic and enrichment programs in the USA is given in Davis- Berman & Berman (1994, p 61-84).

Certainly, there seem to be significant differences between Australian adolescent group behaviour and that of other countries. For example, while Australians tend to value independence and coping by oneself, Americans appeared to place a high value on gaining support and acceptance from the group. While standards of behaviour such as the demonstration of respect, honesty and supportive confrontation and feedback were relatively unquestioned by USA clients, this is less so in Australia. Here, anti-authoritarian attitudes and conflict avoidant behaviour is more prevalent. Again, while authority of the therapist is a relative 'given' in the UK and USA, this is often a source of tension with Australian clients. Group approaches such as Adventure Based Counselling (Schoel, Prouty and Radcliff, 1988) require adaptation to take account of these cultural differences. Indeed, it may be the case that such approaches are not as effective for many Australian clients as they are in the USA where they were developed.

Key Findings & Conclusions

Current status and future directions of the international field.

It can be concluded that much innovation and program development has occurred in the USA in recent decades, and as such the literature is dominated by North American authors. This places the USA to lead the field internationally, which is evidenced through international memberships with the Association for Experiential Education. While countries will, and should develop unique approaches and practices for local conditions, the field in the USA will tend to remain a leading reference point and be a source of information about best practice in the foreseeable future. However, it is important to consider the influences of local issues and how these shape the field locally, and to appreciate the unique context, needs and opportunities in other countries.

It is clear that health and mental health systems in the countries investigated underpin many of the directions the wilderness and adventure therapy field takes. Concerns and debate around issues of practice seem to be often influenced by economic concerns. Staffing and program formats are apparently shaped significantly by funding opportunities and constraints. Indeed, it was not the lack of research that was considered a potential obstacle to the field's development, but funding mechanisms of insurance companies in the USA as wilderness and adventure therapy are relatively cost intensive (Michael Gass, private conversation).

This appears to be a reason why brief, strategic and solution oriented therapies, including system approaches, heavily influence models and theoretical development (as is the case generally in the therapeutic professions in the USA). Psychodynamic and other established theories were seldom discussed as offering much understanding. While the relative benefits of different therapeutic approaches will be a point of debate for some time, local factors in the USA (that may not be so relevant outside the USA) may preclude the development of alternative models, which may serve the field well in other countries.

Concerns and debate over the term "therapy" in the USA appear to accompany fears that how this term is defined may exclude may non-licensed or non-therapeutically trained outdoor educators. I believe it is important to keep separate the concept of therapy to a narrow and strict definition in this context as not doing so casts confusion and needless debate over semantic, theoretical and practice issues. At this stage, the profession is both enriched but also handicapped by a diverse range of professional and theoretical affiliations each with their own professional agenda and terms of reference. This continues to lead to confusion in language and theoretical assumptions in the literature. While it may take some time to form a universal theoretical and semantic base, authors should endeavour to define their terms whenever entering the debate.

While the bulk of literature comes from the USA, other countries need to maintain and develop local arenas focussed on local needs for developing and debating theoretical and practice issues. There is some risk that one method and theory will dominate. There is a need to clinically evaluate the relevance and efficacy of North American or British approaches and adapt these to local social, cultural, health care and environmental conditions.

Program design versus practitioner competencies.

Program format, structure and activity types undoubtedly shape the experience for the client and create the frame for therapeutic work. However, the skills of the therapist significantly determine the specificity of psychological and behavioural changes necessary for treatment of underlying dysfunction (Gillis, 1995; Davis-Berman & Berman, 1994). Often these processes and techniques are complex. Frequently with adventure therapy programs, a detailed assessment of the individual or family is used to determine activity selection and metaphoric framing of activities, while elaborate de-briefing and 'processing' following the activity seeks quite specific outcomes. Additionally, in wilderness therapy programs therapists typically bring high levels of skill in case analysis and a range of different therapy approaches. Also, wilderness therapists need to be able to manage aggressive behaviour, to respond to crises and manage psychiatric emergencies in isolation from other assistance. For an excellent discussion on this and related issues see Berman (1996).

With regard to adventure therapy teams, most practitioners I discussed this with conceded the expediency of combining two people with requisite skills and would acknowledge that to have therapists "cross-trained" (to be fully competent in both safety and technical as well as therapeutic areas) was preferable. Simply adding these skills together is not enough to ensure good practice, and how the skills would work together in a complimentary way is perceived as particularly problematic (Colin Goldthorpe, private conversation). The arguments against cross training were consistently based on economic and practical considerations, which were of most concern in the USA.

From a program perspective, practitioner roles allow a rough dichotomy to be drawn. On one hand, larger scale programs employed many staff within a hierarchical supervision structure. Here, instructional staff under supervision of qualified and licensed counsellors undertook the bulk of direct care. They typically took the role of administering a well developed, universal behaviour modification program - most commonly based around a level system, which accorded privileges upon achievement of desired behaviour over time. Progress was reviewed routinely and any other issues were addressed through case planning meetings. Additional intervention strategies would usually be implemented by the instructional staff under supervision within the structure of this universal behavioural program.

On the other hand, other programs, which were usually shorter and smaller, had fewer staff but they were usually qualified mental health professionals with additional wilderness and adventure training. The wilderness or adventure medium was used for the application of sophisticated therapeutic approaches such as systemic, strategic, narrative interventions as well as group psychotherapy. Here, complex assessment of the client (and/or family) was inter-linked with therapy and interventions were highly individualised. Typically, client change appeared more rapid and the therapeutic approach was reviewed and modified more frequently (i.e., daily).

This dichotomy could be summarised in that longer-term, larger programs emphasised generic program structures to achieve broad based universal changes, while shorter-term programs emphasised therapist analysis and eclectic, selective intervention to achieve individualised outcomes. Evaluative research will determine if more therapeutically qualified staff and flexibility of intervention approach achieve a greater efficiency as suggested by this dichotomy.

Client types, diagnostic issues & differential outcomes.

Practitioners reported some variation in client outcome between wilderness and adventure therapy. Client factors reported to be associated with *better outcomes* included:

the client having a physical orientation,
the client having a capacity for reflection,
the client having some environmental awareness,
the composition of the group,
families with the ability to think metaphorically (in family adventure therapy),
the recency of trauma or mental health problem,
internalising disordered clients,
the client having family support,
the client having a greater understanding of group processes,
the client having some educational success.

Poorer outcomes were thought to occur for males with long established behavioural patterns, clients with IQ less than 80, clients with sociopathic traits, Attention Deficit Disorder with hyperactivity, Conduct Disorder and family dysfunction. Substance abusers were felt to be more difficult to motivate. Conduct Disorder seems to have both good and poorer outcome. This possibly indicates some other factor, which mitigates their response to therapy. Those clients thought to respond well included, voluntary clients (compared with involuntary clients), older and female adolescents, suicidal and depressed clients, and clients with low motivation and low self-esteem. Oppositional-defiant Disorder & Conduct Disorder (if spread amongst other clients in a group), Borderline Personality Disorder and younger males were thought to respond better here than to conventional therapies, but all require longer treatment.

To answer the question of "which therapy for which type of client" is an important one, but at this time can only be answered using anecdotal evidence. While further empirical research is the only way to answer this equivocally, the above practitioner reports would suggest outcomes for different clients are similar for other therapies. Therefore the unique therapeutic value of wilderness and adventure therapy may lie in its particular suitability for physically oriented, non-verbal, behaviour or personality disordered, younger male clients who are poorly motivated. This profile fits with those who don't respond well (or quickly) to conventional therapies and whom in the author's own experiences do respond better with wilderness and adventure therapy.

Holism versus reductionism.

Paradigms that are central to wilderness and adventure therapy are holism on one hand, and reductionism on the other. Balanced co-existence of these two seemingly contradictory paradigms is an essential issue in best practice. The paradigm of holistic understanding extends beyond the individual to incorporate a systems and broader systems framework such as the influence of family, community and culture. None-the-less, at the individual level, a unique feature of wilderness and adventure therapy is its multi-sensorial learning modality. The intensity of environmental and physical demands engages all sensory systems in a learning and change process. This is particularly important for clients who may be less able to utilise verbally based therapeutic approaches, as was frequently mentioned by practitioners.

In addition to this is the multi-functional nature of activities. That is, wilderness and adventure activities simultaneously develop a diverse range of skills. This includes personal organisation and living skills such as cooking and hygiene, physical fitness and self-care, judgment about risk-taking, regulation of affect such as anxiety and anger, inter-personal skills including communication of concepts and ideas, expression of emotion, conflict negotiation, empathy and insight into social processes, and cognitive development such as thinking styles and logical reasoning. Both the scope for clinical assessment of a client's bio-psycho-social capacities as well as intervention in all of these areas is considerably more than most conventional therapeutic approaches. It is the broad spectrum of client functions involved that makes wilderness and adventure therapy especially holistic.

Psychological research on information processing and memory strongly suggests that such integration of experience for the client is more deeply anchored because of this broad base. It is the multi-sensorial and multi-functional nature of therapy that may well account for the pervasive and accelerated rate of change reported by practitioners. For this reason, practitioners need to be able to think holistically level about client needs and intervention options. In doing their work, therapists need to have firm theoretical foundations in body systems, psychological processes such as the relationship between cognition and emotion, sensory processing, as well as systemic principles of small groups, family issues and broader systems such as community and social institutions. Indeed, the capacity to analyse complex individual and group phenomena was seen to be an essential skill in the therapist (Colin Goldthorpe, private conversation).

On the other hand, in order to guide and focus a therapeutic approach, practitioners need also to be able to take a reductionistic perspective when considering treatment needs and priorities. That is, to be able to identify what problem or disorder the client is presenting for treatment and how this will manifest in an adventure activity and wilderness setting, what the nature of this disorder's etiology for this particular person is (assessment and diagnostic formulation), and what steps the client needs to take to move towards greater mental health (treatment planning). Davis-Berman & Berman (1994) and Crisp (1996) discuss this point further.

Client rights & ethical issues.

It is both surprising and concerning that client rights and ethical issues don't take a greater place in the literature and discussion within the field. Issues around the development of new techniques, program models and industrial issues seemed to dominate much of the discussion about the future of the profession. Exceptions to this are the emphasis on therapist qualifications given by Gillis (1995) and Davis-Berman and Berman (1994), and a code of ethical practice produced by the Therapeutic Adventure Professionals Group of the AEE. (Gass, 1993). Despite many publications on theoretical and technical topics, papers on ethical issues pertinent to wilderness and adventure therapy are few and tend to be brief in their coverage (Mitten, 1994; Davis-Berman & Berman, 1993).

However, Hunt (1986) provides a good discussion of ethical issues related to outdoor education generally including risk-benefit analysis, informed consent (including known outcomes and side effects), deception, secrecy, captive populations, sexual issues, environmental concerns, and individual versus group benefit. This is a good starting point for extrapolation to therapy relevant issues. However, ethical issues specific to clinical and therapeutic applications need to be explored and discussed in detail.

Unique and important factors, which require consideration, include the following. Significant physical dependence clients have on the therapist, forming and maintaining appropriate and therapeutic boundaries where these are frequently challenged by the nature of activities and multiple roles the therapist assumes, the unique and multi-faceted role of the therapist in a living situation with his/her client (including managing 'transference' in the client and 'counter-transference' in the therapist), the use of activities which have the potential to cause injury, death or psychological trauma as a form of therapy, involuntary treatment, using methods whose psychological processes are thought to be powerful but are not fully understood, and peer group coercion to modify behaviour are just a number of complex ethical issues.

Despite the "full-value contract" for clients to negotiate with the peer group as part of the Adventure Based Counselling approach (Schoel, Prouty & Radcliffe, 1988) there are no comprehensive guidelines for therapists on the rights of clients that sufficiently address issues relating to the needs of clients in isolated wilderness programs or adventure therapy programs. (Editor's note: The Therapeutic Adventure Professional Group of the Association for Experiential Education has had a comprehensive code of ethics since 1991 for all adventure therapy professionals.) While such rights would naturally vary to some degree depending on country, state and mandate of the wilderness or adventure therapy service, every program should have these written and available to clients. Some programs such as Three Springs did endeavour to do this.

Consumer perspectives.

Many programs emphasised a high level of client involvement in activity selection, expedition planning, and choice of venue. This seemed a valuable opportunity for client empowerment where attention was given to developing reality orientation through planning. Much supervision and guidance was given to client decision making with an emphasis on learning about the process and building better reality-testing skills. This is in contrast to simply giving freedom to clients to be self-directed without any support or guidance.

Gender and power issues.

Many practitioners reported concerns that men historically and traditionally dominated the field, and that there was a perception by the general population that wilderness experiences were the domain of males. Additionally, many traditional roles for men were not necessarily positive by current community standards and tended to emphasise control of the environment (in contrast to self-control) and an external, 'acting-out' orientation. On the other hand, traditional roles for females in wilderness and adventure activities were less prominent and tended to be less positive. Cole, Erdman & Rothblum (1995) is a key reference which explores many of these issues as they relate to women.

Many concerns are raised about the differential appeal to both sexes of this form of therapy. It was a consistent finding that females were just as interested in wilderness and adventure approaches as males in mixed sex programs. Indeed, many practitioners commented that the impact for females in these interventions appeared to be *greater* for females than males. This may be due to the greater opportunity to break from traditional roles for females.

As much of therapy involves use of the body, physical touch, peer encouragement, overnight living situations and so on, there exist unique opportunities for problems related to gender issues. Power differences that may exist in traditional roles and cultures require that peer influences be carefully monitored so as to not be exploitative or oppressive. As many clients may have come from oppressive or exploitative relationships (for both male and female clients), there exists a high risk that inter-personal patterns may develop between clients, or between client and therapist that further reinforce their past experience. Mitten (1993) provides a good discussion on many of these issues. For therapists, it seems vital that they have a good clinical understanding of unconscious 'transference' and 'counter-transference' issues and are clear about, and skilled in maintaining appropriate and therapeutic boundaries. Mixed sex therapist teams seem important for ensuring therapist self-monitoring of client-therapist boundaries.

Aside from therapist awareness and monitoring of these inter-personal dynamics (i.e., through supervision or therapy), it is also imperative that clients have access to therapist role models of both sexes. It is especially useful for therapists to model appropriate non-oppressive and non-exploitative relationships with each other and with clients where appropriate resolution of any power issues and conflict were able to be observed by clients. Therapists should be able to confidently and effectively break from traditional roles in the division of tasks, styles of inter-personal relating, and so on.

Principles for Best Practice & Service Design

In addressing critical issues in best practice, Drs. Jennifer Davis-Berman and Dene Berman stress the need for the practise of professionalism at the level of existing mental health professions. This includes the disciplined application of therapeutic procedures based on established therapeutic theory. On a practical level, they call for two key professional resources. First, fully trained wilderness and adventure *leaders* with the technical and safety management skills; and second wilderness and adventure *therapists* who are mental health professionals with experience in the clinical treatment of clients with diagnosable disorders. Qualified therapists should be involved in delivery of therapy themselves, or may directly supervise lesser trained counsellors in the field. They are clear about the need to increase the level of training and experience of the therapist, the more isolated the clients are from emergency psychiatric services. Further, comment was made on the need to 'cross-train' professionals in both outdoor education and therapy and develop regulatory mechanisms to ensure good practice. Finally, they argued the importance of high quality, empirical research in maintaining the highest standards of practice and refinement of best practice generally throughout the field (Davis-Berman & Berman, 1994). Dr Michael Gass described what he saw as essential elements in family based adventure therapy interventions:

> Join with the family (form a therapeutic alliance)
> Understand the complexity of families
> Understand the systemic elements of the family and integrate this into the adventure therapy activity
> Physical risk management
> Need to be able to use risk to induce change
> De-briefing and processing skills, especially re-framing

Drawing from the authors above and discussion with many other practitioners, and after distilling aspects of the programs investigated, I conclude the following key elements to be significant in ensuring the highest standards of wilderness and adventure therapy in the treatment of mental health problems (based on the definitions given in the introduction).

Key elements in wilderness and adventure therapy best practice.

> **Systemic Framework**: any intervention or program takes account of systemic (family/significant others) and broader systems issues (class, culture, ethnicity) in such a way that these elements are involved as an integrated part of the intervention. When working with individuals, these issues inform the approaches used.
> **Assessment Processes**: a thorough and individualised intake process occurs, including assessment & diagnostic formulation which assists the understanding of the mental health issue in context of medical, psychological, and social influences.
> **Treatment Planning**: a comprehensive and flexible bio-psycho-social treatment plan is used and is reviewed and modified regularly (e.g., daily or weekly).
> **Flexibility**: therapeutic interventions are flexible and tailored to individual need. Individual needs of clients determine the therapeutic approach from the outset and monitoring of client progress informs subsequent interventions.
> **Integration**: all aspects of treatment, including multi-modal therapies and adjunctive therapies such as individual and family therapy are integrated in a reciprocating fashion. That is, assessment information and issues from each therapy type inform the other. Procedures and methods are developed to ensure continuity, such as group processing methods to link therapeutic issues, use of daily progress notes, therapeutic progress and assessment hand-over meetings.

Monitoring of Client Outcomes: client evaluation pre & post therapy and follow-up is routine to ensure that clients have benefited. This includes a third party's perspective (e.g., family/parent).

Theoretical Paradigm: a clear therapeutic rationale and theoretical paradigm about psychological and behavioural change is well articulated. Established therapeutic methods are delivered by qualified staff in keeping with contemporary clinical frameworks. This paradigm is familiar to all staff and forms the basis upon which treatment decisions are made.

Therapist Skills: include the ability to analyse complex individual and group phenomena. Therapists are able to respond effectively to unexpected client needs in remote settings through a broad range of clinical skills & training beyond their expected role in wilderness or adventure therapy. Additionally, given the rapid growth of knowledge in the area, therapists regularly familiarise themselves with the latest developments in theory and methods. Therapists should undertake some form of regular supervision to develop skills and understanding of therapeutic issues.

Risk Management: physical *and* psychological risk management plans and procedures are developed and reviewed regularly. Standards of program accreditation are adhered to (eg. AEE program accreditation scheme). Procedures for management of medical emergencies, critical and traumatic incidents, and psychiatric crises are developed and reviewed regularly. Precaution and planning and therapist's crisis intervention skills increase as the more inaccessible and physically challenging wilderness therapy interventions become.

Ethical Issues: therapists and program administrators have a thorough and practical understanding of ethical issues unique to this type of therapy (this is a regular topic for staff professional development).

Research: the organisation is involved with evaluative academic research. Research findings are relayed to therapy staff to enrich their understanding of theoretical and methodological issues. Practices are reviewed in light of internal and published research.

Training: the organisation has an internal staff training program or offers open enrolment courses, and maintains a culture of learning and skill development.

While the adherence to all of the above elements pose a challenge, these principles should set a benchmark for best practice. Not-with-standing, these elements should be able to be incorporated into a wilderness or adventure therapy program to varying degrees. Indeed, many if not most programs investigated did achieve this (see Appendix).

Conclusion

An investigation of a number of wilderness and adventure therapy programs and practitioners in three countries has enabled key elements of known best practice to be derived. In doing this, pertinent issues and underlying principles of highest standards are discussed. Concurrent use of the paradigms of holism (of client need and of intervention) and reductionism (in diagnostically based treatment planning) are essential therapist skills and programming considerations. The importance of ethical issues and clients' rights must underpin any intervention models and methods used. Further, cultural and social values, gender and power issues must be taken into account in order to fully address therapeutic needs and maximise client empowerment.

The field of wilderness and adventure therapy is in the process of clarifying methods as it defines what it is. A search for principles of best practice is essential to guide the field in developing and refining itself into a true profession with the broad community respect, acceptance and genuine social benefit this implies. The greatest threats to the potential of the field are adverse outcomes and malpractice. Striving to achieve best practice is the greatest protection against this and will ensure healthy and strong advancement of the field.

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Appendix: Summary of Program Profiles in Key Areas

Length of program/time frame design: Varied from 2-3 days through to 15 months plus (eg. therapeutic wilderness camping). Time frames varied from entirely part-time through to entirely full-time (eg. Therapeutic wilderness camping: 7 days/week, 52 weeks/year)

Other therapy: Varied from none to extensive range of multi-modal group therapies, only few uni-modal programs

Peak number of clients / group sizes: Varied from 8 through to 165, group size typically was 6-8.

Costs per client: Varied from US$120 to US$500 for residential day costs (ie. clinical or wilderness), typically US$120-150.

Staff qualifications: Varied from minimal safety/technical/first-aid through to cross-trained PhD mental health professionals (eg Psychologists, Social Workers, etc.)

Activities undertaken: Indoor trust and initiative activities, ropes course, back-packing, mountaineering, peak ascent, canyon decent, hand-cart pushing, rock climbing & abseiling, canoeing, kayaking, white-water rafting, cycle touring, caving, survival training, hut building, solo.

Restrictions to access: Typically acute psychiatric & suicidal, self-harming, eating disorders, sociopathic traits, history of extreme violence/substance abuse, IQ<85.

Diagnostic types

Adventure therapy: Varied from: substance abuse, depression, 'youth-at-risk', sex-offenders, ADHD, Conduct Disorder & Oppositional-defiant Disorder, sociopathy.

Wilderness therapy: Varied from all &/or any diagnosis, depressed, suicidal, Oppositional- defiant Disorder, Conduct Disorder, eating disorders, substance abuse, ADHD, sex offenders, substance abuse, family dysfunction, sexual/physical abuse, learning disorders, impulse problems.

Therapeutic wilderness camping: Varied from learning disorders, social skill deficits, Conduct Disorder, Oppositional-defiant disorder, Post Traumatic Stress Disorder, sexual/physical abuse, ADHD, substance abuse, runaways, anxiety, depression and treatment resistant clients.

Outcome differentials.

Adventure therapy: Varied from: universal benefit to just low achievers, environmentally aware and reflective clients, group composition, unified view of the problem in the family, home support. IQ<80 makes processing more difficult.

Wilderness therapy: Varied from: physically oriented otherwise same as for any other type of therapy, older and female respond quicker, short-term substance abusers, older males, depressed and suicidal. ADHD, Conduct Disorder and family dysfunction are harder to treat.

Therapeutic wilderness camping: Varied from: younger make better progress, recency of trauma, internalising problems, borderline personality disorder, Conduct Disorder & Oppositional-defiant Disorder, low self-esteem. Substance abuse is difficult to motivate.

Individual versus group approaches: Universally an emphasis on the group as the preferred therapeutic medium, some programs gave virtually no individual consideration, while most gave variable amounts.

Involvement of families/parents: Varied from none to primarily outpatient and adventure family therapy. Typically parent support during or on completion of program.

Adjunctive therapies: Varied from none to ad hoc individual therapy, monthly family therapy, pre and post program individual and family therapy. Often agencies were left to institute whatever adjunctive therapy was considered necessary.

Therapeutic models Included: Adventure Based Counselling, eclectic approaches, systemic, narrative, brief, strategic and solution oriented approaches, humanistic, social learning models, therapist as role-model, Reality Therapy, behavioural and cognitive-behavioural, metaphor development, eco-psychology.

Presumed therapeutic factors: Included: holism, systemic, peer culture, rites of passage, success experiences and solution orientation, adaptation, novel context, wilderness environment, competency, risk, questioning, community and group cohesion, natural consequences, inter-personal learning, creation of disequilibrium, goal setting, re-capitulation of family unit, role-modelling, development of resilience, supportive relationships with adults, shared unique experience.

Methods of transfer and follow-up: Varied from none to follow-up days and booster groups, weekly phone calls for months following, home/school trials, parent skill development, ongoing out-patient individual and family therapy, optional return to program for 1-2 weeks, community development activity, transitional housing program, hand-over to agency.

Staffing ratios: Varied from 1:1 to 1:12, typically 1:3 (families, 1:4 families).

8

Panacea or Poison? Building Self-Esteem through Adventure Experiences

By Travis Kemp, M.A.

At first glance, the title of this paper may appear to question one of the apparent axioms of adventure education and therapy: that being the strong belief shared by many outdoor educators and adventure therapists that adventure experiences serve to improve the self-esteem of participants. Before I address this issue more completely however, a brief introduction is in order.

Carl Jung, in his 1963 work, *The Integration of Personality*, wrote a passage, which for me captures the essence of my own personal growth and journey. More importantly it captures one of the fundamental notions that I believe we as outdoor educators, counsellors and therapists attempt to grapple with in adventure-based work. He wrote, "the vast majority of mankind do not choose their own way, but convention, and consequently develop not themselves but a method and collective mode of life at the expense of their own wholeness"(cite not provided). It occurs to me that what we, as emerging and developing adventure therapists, are currently pursuing is our own unique path: defying convention in the traditional fields of therapy and psychology, and creating a new and exciting paradigm of human growth and development.

In addition to the "hands-on" practice of adventure therapy, there are also many of us interested in the pursuit of knowledge and understanding through research in this field. Here once again, many of us choose to adopt a methodology in our research, which is predominantly inconsistent with the established conventions of the scientific-empiricist model traditionally employed in the realms of psychology and therapy. Indeed, in the qualitatively based research methodology known as naturalistic inquiry, it is vital that researchers acknowledge and address their own unique experiences and biases (or preferences) as they report their observations and their insights gained through their investigations. I draw attention to this point because while presenting the current topic and subsequent research, it is important that the reader have a picture of the "filter" through which I make my own subjective observations and conclusions.

Without labouring on this point, I began my experience of adventure learning when I commenced teaching outdoor education at a well known boy's school in Melbourne, Victoria and later as an outdoor leader for several secondary schools in Adelaide, South

Australia. After spending two years either on camp with kids or sleeping to recover from camp, I had gained a clear insight into the vast opportunity for growth that adventure experiences appeared to provide young people. Many of these experiences seemed to leave indelible marks on these young peoples' psyche, with observable behavioural change being reported not only by the kids themselves, but their families and friends around them. For many educators, these outcomes would have been enough to sustain their continued passion for outdoor education for a lifetime. Unfortunately though, along with the great highs I observed during the ropes course or while abseiling or doing initiatives, there were also a substantial handful of negative outcomes which became obvious. These prompted my interest in the study of adventure, and eventually facilitated my movement from outdoor education per se into the fields of counselling, therapy and psychology. As a result of this path, I have been able to experience adventure the perspective of an educator, a therapist, an adventure enthusiast, and an adventure therapist.

In this paper I will present the results of a study I recently conducted with a group of young adults who were participating in a one semester adventure learning program at a large university in Adelaide, South Australia. The goal of this paper is to more critically refine our understanding of the constructs of self-esteem and adventure. My goal is to explore the boundary between personal growth and psychological injury.

Adventure has been defined in numerous ways; however, most agree that the process utilises some form of risk as a vehicle for learning and personal development. Dr. John Cheffers in the forward of Rohnke's (1984) *Silver Bullets* outlined this assumption, clearly stating:

> People are at risk when they learn. The risk may be physical, social, emotional, intellectual, or spiritual in nature. One of the primary objectives of new games, initiative tasks, ropes courses, trust activities and inclusive co-operative competitive games is to help participants deal with the process of risk and the product of behavioural change (p.7)

It is also commonly accepted that an adventure must involve "the undertaking of an unsure outcome; a hazardous enterprise; and exciting or very unusual experience" (Leroy, 1985, p.228).

However in many adventure-related discourses there remains conjecture over how this risk manifests itself. Traditionally, adventure education definitions have centred on the physical risks inherent in an activity as the catalyst for the growth process. The traditional outdoor pursuit activities satisfy these criteria for many participants. The beginning rock climber generally has little difficulty perceiving a physical risk inherent in climbing a vertical rock face. However what of the experienced climber? Does she view the same rock face with the same trepidation or perception of risk? This subjective perception of risk raises questions about the use of outdoor pursuits as an all-inclusive medium for the provision of adventure experiences to many potential clients.

When there is little or no subjective perception of physical risk from the participant, how then is an adventure experienced? In addition to the diverse level of ability and multitude of subjective perceptions within our clients, another crucial variable, that of the instructor also contributes to this delicate dynamic. In many cases, instructors in outdoor pursuit activities have acquired a high level of skill and competence in the activity being presented. The associated confidence and perhaps in some cases a certain "desensitisation" which occurs with high levels of skill development and experience may serve to "dull" their empathy of the fears and concerns experienced by the beginning climber. How do I know that both the level and reasons for the anxiety in my client? How do I know how to address these issues most effectively? It is only recently that I have begun to recognise that these situations and their solutions are more often than not, beyond the experience and skill base of the traditional outdoor pursuits instructor, instead calling on the specialist skills of the therapist or counsellor. Further, Hyde (1985) raises the fundamental issue facing our stating, "It is questionable whether the traditional outdoor pursuits (climbing, canoeing) are necessary or even desirable vehicles for teaching pupils for their personal development" (p. 16).

Stansfield (1986) had indicated that high skill levels required in the "traditional" outdoor pursuit type activities mean that for most individuals, the tasks that they are completing must be instructor controlled and directed. In many cases, the decision making process becomes an autocratic one, shifting control of the outcome from the participants themselves, to the instructor. The situation often arises where, rather than empowering our clients and nurturing the development of proactive behaviours, we essentially create a relationship of dependence, effectively limiting our client's growth.

Currently however, a broader awareness and understanding of adventure is emerging through adventure based counselling (Kemp, 1995). While traditionally, adventure education has been seen to consist primarily of these "outdoor pursuit" type activities, adventure learning programs utilising high ropes courses and initiative tasks as the primary tools for adventure have developed significantly in the last 30 years (Doughty, 1991). Although much anecdotal and some experimental research based data exists for the "traditional" pursuits and ropes courses, to date little research has been undertaken on the specific effects of participation in Group Adventure Initiative Tasks (GAITS) (Kemp, 1995).

From a therapeutic perspective, GAITS appear to be a practical and valuable alternative to the more traditional "outdoor pursuit" adventure activities for several reasons. Firstly, they are simple to implement. Unlike more technically demanding adventure activities such as ski touring or kayaking, GAITS require no specialised skills from participants before a high level of participation is possible. Similarly, the time commitment required to gain technical competence in a skill such as kayaking, and the subsequent participation in an expedition is a severely limiting factor preventing the experience from proceeding. Alternately, GAITS require very little preparation time, take relatively little time to complete and require minimal amounts of readily accessible equipment. It was for these reasons that this study focussed on the possible benefits of utilising GAITS in the adventure learning process. Furthermore this study sought to isolate theses activities from other outdoor pursuit activities in an effort to limit any confounding variables in the interpretation of outcomes between these two very different types of adventure based activities.

Miner (1991), while referring to initiative tasks and adventure programs, made a highly pertinent observation. This area, he suggests, is in serious need of research to provide empirical data and substantiate claims regarding its effectiveness. He further suggests, however, that before this is possible, there must be a clearer understanding, and more widespread agreement, as to what actually constitutes adventure training and initiative tasks. Further research has continued to be extolled and encouraged (MacRae, Moore, Savage, Soehner and Priest, 1993) but to date, these issues are far from resolved. ◆

Recently, several researchers have begun to question the widespread consensual belief that simply by participating in adventure experiences, improved self-esteem, personal growth and development would automatically occur. Priest and Baillie (1987) explored the possibility that the stated outcomes of adventure programming could only be achieved should the "peak adventure" state be reached. They describe this via a constructed model of adventure education, suggesting that when the skill development of the individual is matched with the appropriate level of challenge, then the outcomes will be maximised. If however the skill, or "readiness" level, of the participant is below the level of the task being required of them, the participant may experience adverse outcomes and progress to the stage of misadventure. The physical form of misadventure may be falling from a rock face and injuring oneself or ejecting from of an overturned kayak in rough water. The psychological equivalent however, may mean that the participant is confronted by an issue or issues which may be emotionally painful, psychologically harmful or which the participant does not or cannot adequately address with their current coping mechanisms.

In many adventure discussions there is little or no mention of the many psychological, behavioural or emotional risks that may confront individuals during their experience in adventure activities. The risks associated with personal disclosure, identifying and confronting the perceptual fear of personal change and growth have traditionally not been considered primary sources of adventure in many experiential programs. Recently however, a number of authors have begun to address and acknowledge these issues (Gass, 1993). It is from this viewpoint that a wider understanding of the construct of risk and adventure has developed and Priest and Baillie (1987) succinctly captured the essence of the prevailing risk paradigm when they wrote, "the adventure experience is a state of mind.... An adventure in time and place may be experienced by one individual, but not by another" (p. 12). It light of these points, it was the purpose of this study to empirically investigate whether an adventure learning program based on participation in GAITS could influence the self-esteem levels of tertiary aged students.

Study Methodology

To meet the requirements of appropriate research design in social science, the current study utilised quantitative methodologies, but relied heavily on qualitative analysis of participants' self reports and journals. Technically then, a quasi-experimental, two-way (2x2) factorial design was employed for the quantitative analysis with the dependent variables being self-esteem and gender and the independent variable the adventure learning program. Self-esteem data was gathered using the Coppersmith Self-Esteem Inventory (SEI) (Coppersmith, 1987) and analysed.

An illuminative evaluation (Hamilton, et al., 1977; Tesch, 1990) qualitative approach was also utilised employing an ethnographic methodology (LeCompte and Preissle, 1993; Tesch, 1990). Observable behaviours displayed by subjects throughout the study period were recorded, group processes and interactions were observed and noted and subjects completed weekly journals. Self-description questionnaires were also administered at the completion of the treatment period.

The experimental group participated in a 15-week course incorporating the study of group dynamics through participation in an adventure learning program utilising Group Adventure Initiative Tasks (GAITS). The control group completed their study of group dynamics in the standard lecture/tutorial format. The control group was not involved in any form of adventure learning or GAITS during the study period. An emphasis on personal growth and development was made apparent to the experimental group and participants were encouraged to reflect deeply on their experiences and feeling throughout the course. The subjects for this study comprised 34 male and 27 female tertiary students (N=61) at a large University in Adelaide, South Australia. The student's average age was 20.7 years.

The program began with a series of simple icebreaker activities then progressed through elements of trust building including activities such as "wind in the willows" and trust falls. The second half of the program involved participation in GAITS. One GAIT per two hour session was completed with a debrief consisting of an exploration of the processes used to complete the task and the behaviours exhibited by participants within the task. GAITS included "spiders web," "blocks and boards" and 3 other composite and adapted tasks called "river crossing," "over the falls" and "island hopping."

Results

Pre and post test self-esteem scores were analysed using a repeated measures T-test for a single factor design with the Coopersmith SEI mean score as the dependent variable (global self-esteem) and the delivery method for the Group Dynamics program (GAITS) being the independent variable. Results are presented in Table 1. There was no statistically significant difference between the control group and the experimental group between pre-test and post-test self-esteem scores on the Coopersmith SEI. There was no statistically significant change in self-esteem scores as a result of utilising GAITS.

Table 1

Paired Samples T-Tests for Experimental and Control Groups, Pre and PostTest S.E.I. Scores.

CONDITION	PRE-TEST		POST-TEST		T-TEST
	MEAN	SD	MEAN	SD	
CONTROL GROUP (N=29)	83.72	12.72	86.07	12.36	T-value = -1.91 df = 28 p = .067
EXPERIMENTAL GROUP (N=32)	78.38	16.57	77.75	16.63	T-value = .33 df = 31 p = .747

After recording no significant difference in pre and posttest self-esteem scores, participant's own perceptions of their self-esteem throughout the program were examined. To examine this, participants were clustered in the experimental group into four categories (very low, low, moderate and high self-esteem) according to their pre-test self-esteem scores on the Self-Esteem Inventory. Participants were then asked to draw a graph, which represented their perceptions of their self-esteem. This aspect of the data was perhaps the most informative and illuminating in the current study.

The six students who were categorised in the very low self-esteem group (60 and below on SEI) all reported a subjective perceptual increase in self-esteem. However, all six students remained in the very low category on the post-test administration of the SEI. Each of these students in this sub-group reported feelings of insecurity and uncertainty surrounding their future. In addition to an apparent challenging of the self-concept, there appeared to be a unique and highly individual aspect to each of the subject's self-constructs, which revealed a discrepancy between their ideal or desired current behaviours and traits and their actual current behaviours and traits.

The GAIT program appeared to influence this subgroup in several ways. Firstly, the tasks provided subjects with an open and accepting environment in which they were "safe" to attempt new behaviours and express their feelings openly, free from judgement. The nature of the group tasks and group debriefing meant that a number of different perceptions of an individual's behaviours were examined and "fed back" to the subject. For several subjects, this opportunity helped not only to clarify their self-concept, but also to examine both their desired and less desired traits in a more positive and balanced light. This led to a perceptual increase in self-esteem but which, because of the size of the change or the sensitivity of the instrument, did not register as an increase in SEI score. In a sense, there appeared to be an acceptance of the self "for what it was." The main outcomes appeared to be the realisation of strengths and opportunities in their own "self," their behavioural and perceptual development and the development of the motivation and communication skills to continue their development.

These changes, although overtly observable, were far from significant, and to claim that subjects experienced any major improvement in self-esteem would be a misinterpretation. Indeed, any reported increases in self-esteem by subjects throughout the course may simply have reflected transient fluctuations in self-esteem reported by O'Malley and Bachman (1983). Kernis (1993) provides an explanation for this behavioural observation by examining the issue of self-esteem stability in relation to responses to evaluative feedback. Low self-esteem individuals who remain stable at a low level appear to respond to evaluative feedback from others with little attempt to either "soften the blow" of negative feedback or to integrate any positive evaluations of self from positive feedback. This, therefore, raises several concerns as to the value and appropriateness of such a program for very low self-esteem subjects, especially if full agreement and commitment to a "safe" environment is not achieved.

A common trait observed and shared by subjects in the very low group was an apparent resistance to openly involve themselves in the communication process and participation within the group. In all cases, where subjects scored very low on the pre-test SEI, there appeared to be an unwillingness to attempt new or unfamiliar behaviours in the GAIT classes. Baumeister, Tice and Hutton (1989) proposed that subjects scoring low on self-esteem scales may reflect an evasiveness and hesitancy to personally disclose feeling and perceptions about their "self." Behaviourally, this cohort demonstrated this reluctance to communicate on a personal or intimate level and hence, the opportunity to attempt any behavioural changes or to address ones prejudices or pre-conceptions in a safe and supportive environment were lost.

The four subjects categorised as low self-esteem (61-65 on SEI) appeared to respond somewhat differently to the GAIT treatment than the very low subjects. Of the four subjects in the low cohort (three female, one male), one subject remained in the low category with no change in score from the pre-test to the post-test, while the remaining three subjects all recorded increases of between 12 and 20 points on the SEI. The quantitative data gathered from this cohort suggested that self-esteem levels were impacted markedly as a result of the treatment. The qualitative data revealed increased feelings of self worth through the realisation and acceptance of the many positive and valuable traits which others in the group acknowledged and pointed out to these participants. For this cohort, there appeared to be an "awakening" of positive perceptions of the many valuable elements in their self-construct which had remained until now, unacknowledged.

Subjects who scored in the medium range on the pre-test SEI (65-95) reported a perceptual increase in their level of self-esteem from their initial level at the beginning of the course. The major increases in SEI scores occurred from subjects with a pre-test score of between 68 and 80. These subjects appeared to quantitatively benefit most from the treatment. Subjects scoring above 80 on the pre-test appeared to remain somewhat stable with most recording slight decreases in score on the post-test. Many of these subjects were completing their degree course at the completion of this unit and many in this group described feelings of excitement and uncertainty for their new career in the future. Unlike the low self-esteem group who appeared to dread this phase of life, this group appeared to be thriving on it.

Subjects in the high self-esteem group appeared to benefit from the program in a unique way. Of the eight subjects in this cohort, six recorded decreased SEI post-test scores. Therefore, quantitatively, self-esteem appeared to decrease in most cases. However, qualitatively, subjects appeared to express feelings of increased self-understanding and a more balanced self-image. It is possible that many of those with high SEI scores on the pre-test were artificially inflated and the program provided these subjects with a more "realistic" impression of the self.

Although quantitative analysis of self-esteem yielded no significant effect, there appeared to be strong qualitative evidence to support improved feelings of self-worth as a result of the GAIT programming. It was evident that there was a generalised pattern of little change in SEI scores as a result of the GAITS programming. In contrast to this, the participants' self-descriptions and the observations made by others generally indicated the majority of experimental group experienced increased feelings of self-esteem.

Generally, there appeared to be a common pattern of reference to decreased feelings of self-esteem and self-confidence being associated with the approaching the end of university studies and uncertainty surrounding the future. These feelings, although expressed by a cross section of the experimental group, appeared to be most intense and prominent in the low and very low self-esteem group. This suggests that at this point of development, security and self-worth were major factors in the structure of the global level of self-esteem being reported.

The "ceiling effect" limiting any increase of self-esteem score on the SEI by subjects in the high self-esteem cohort was puzzling. However, rather than remaining stable at this high level, as may be expected if this effect should exist, the majority of high and upper medium level subjects recorded decreases in SEI score. One quantitative explanation would be statistical regression, however the qualitatively data suggested that they may have developed a more realistic and balanced self-image. This explanation is given further support as a similar pattern was discovered in the low self-esteem cohort. They also appeared to gain a more balanced self-perception, perhaps because they were able to acknowledge their positive self-traits that were previously ignored or overlooked.

There appeared to be a pattern resulting from the qualitative data analysis where subjects scoring in the low, medium and high categories of self-esteem, based on pre-test SEI scores, gained further insight into the way in which they presented themselves to others. This knowledge then formed a basis on which to modify their self-perceptions and consequently, adjustments associated with these new self-images were reflected in minor self-esteem fluctuations. These realisations appeared to contribute to perceptual increases in self-esteem but which were incongruent with the changes in SEI scores. Subjects in the very low self-esteem cohort appeared to benefit least from the program although qualitative data consistently suggested an overall increase in perceived self-esteem resulting from the GAIT treatment.

Many adventure educators have, for some time, purported the value of adventure education for developing self-esteem in participants. The ambiguity surrounding the term self-esteem and the lack of objective, quantitative and qualitative data analysis have both contributed to emotive rhetoric on the virtues and vices of adventure education. The results of the current study have highlighted the need for a more cautious and contemplative approach to the investigation of the adventure process and its impact on the individual. Furthermore, the focus in this study has been to examine the effects of GAITS participation on self-esteem development. The study did not investigate the many antecedents and structures of self-esteem, nor did it examine the many other aspects of the self which may be impacted upon by the adventure process. In light of the data gathered pertaining to very low self-esteem subjects, GAITS may not be the most desirable form of experience, due to the sometimes confrontational nature of communication and interaction between participants. Improving the self-esteem of this sub-group of participants through such an experience should not be presumed, as it appears to have been in the past, to be synonymous with adventure education. Indeed, the current study has yielded results which, depending on their interpretation, present little empirical support for the value of adventure education as a method for increasing subject self-esteem.

The key educational consideration that must be made in light of these findings is not the intrinsic value inherent in adventure education, nor is it the potential for personal growth and development through participation in this process. The qualitative data contained herein provides ample support for both of these proposed outcomes. Rather the findings of this study encourage a broader and more inquisitive investigation into the therapeutic opportunity that a GAIT program presents.

It would be unwise, in light of these findings, to structure a learning situation specifically designed to enhance global self-esteem, around a GAIT adventure learning program. Adventure programs generally, and group initiative activities specifically, are not the panacea for increasing self-esteem. Conversely, if the objective of such an adventure experience was to bring about greater personal awareness, clarity of the self-concept or an opportunity for group based counselling and development, a program that uses GAITS may be highly effective. These are the questions and directions for further research, which must be considered.

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9

Rediscovering Our Dreaming: An Adventure with Nature

By Graham Ellis-Smith

Introduction

Indigenous cultures all over the world understand and embrace their connection with all life, beings, existence and time. Much has been written of the cyclic indigenous belief systems of native Americans, Africans and Australians. Intrinsic within these systems is the concept of "dreaming," which is about people's origin, path and destiny.

But how does this relate to people who are mainly of Euro-Celtic heritage in the 20th and 21st centuries? Did our ancestors know "connection with all"; and can we rediscover our dreaming? Our Celtic ancestry, which inhabited most of Europe thousands of years ago, understood this connection very well. Less than five hundred years ago we knew our country and clan, our stars and stories, our totems and symbols, our origins and destinies.

For many of us the journey in this life period has brought much learning, opening and expansion. Deep within our hearts is the "knowing" of who we are; but what is our path, our purpose in being here, our dreaming? Is it merely to occupy time and space in one place, or is there some other purpose for ourselves that we are yet to remember?

Many Indigenous people are now saying it is time for us to rediscover our connection, our "indigenous heart," our "dreaming" and some are also willing to help in the process. This paper describes our activity programs which provide an opportunity for people to remember who they are; know who they are. The programs are developed due to my own interaction with Nature and Indigenous people from Australia, Africa and North America, and rediscovering of my own dreaming in my ancestors of Euro-Celtic origins.

An Adventure with Nature

This is a time of discovering much more of who we are in relation to our universe, an adventure with nature, and an adventure in relationship. In many countries and nations where Indigenous people remain, often as a minority group, their values, beliefs, skills and knowledge are beginning to be incorporated into mainstream society. The scientific community continues to seek more information about Indigenous ecological and environmental management practices in an attempt to better understand the complexities of managing and living with the natural environment. On a more personal level there is a growing interest and acceptance of these beliefs and values as an alternative way of seeing the world and living. For example, interest in esoteric beliefs and practices of Native American people has increased dramatically in Australia in the past decade. This suggests that indigenous cultures have something valuable to offer non-indigenous cultures.

We believe that Indigenous nature based cultures can help remind us of our own connection with nature which is most times forgotten, but can never be lost. A combination of indigenous culture and natural environment, with active participation is the basis of all Kadjininy Enterprises programs, which vary in duration from one hour to five days. Kadjininy is a Noongar Aboriginal word meaning "hearing, knowing, understanding." Indigenous learning occurs primarily by watching, listening and then participating, and we use this method in our programs. All activity programs place strong emphasis on Indigenous respect for and relationship with the natural environment. This is demonstrated through aspects, such as:

- only using resources that are needed
- interconnection between humans, plants, animals and minerals
- exposure and involvement in the natural environment
- walking "lightly" and developing sensitivity to land
- personal responsibility in the natural environment

We offer people a different view of nature and themselves, a chance to experience. Through various hands on indigenous cultural activities, we tap into the dreaming of our own lives. This is an experiential time, where nature becomes the teacher that opens up our own "truth" to ourselves that we are and always have been connected. We learn the gifts that the Noongar boodjera (Noongar Aboriginal country) gives for magic and meaning, food and medicine. We experience the sacred science of Aboriginal use of this country. We learn of our own ancestors' connection to nature and how that was expressed in our homelands and brought to this land.

Exploring the boundaries.

Essentially, we seek to show connection rather than separation, and unity in diversity. We demonstrate in an interactive way, the close link between plant, animal, mineral, elemental, and human worlds. It is this inter-relationship that reminds people they are not isolated and alone. The boundaries we explore are that no boundaries exist in consciousness between these worlds, only a lack of memory or recognition of the relationship by humans. The boundary exploration occurs in several ways.

Firstly, an inner boundary exploration often happens for each person in their own unique way, as it does for each group and is the main focus for this paper. There are no set formulas of activities, as each group stimulates the choice of more than fifty activities, simply by who they are and how they interact with the facilitator. It is usually a journey of allowing themselves to open up to who they are as beings, allowing their own truth.

The experiences usually have a catalytic effect. People often rediscover a power or presence in Nature and experience this in a myriad of ways and situations. They may experience this relationship as energy changes in the body, shifts in their viewpoints and feelings, sense of communication with an aspect or all of nature, or other psychoactive experiences. It may be merely a sense of contentment and rightness about their life, or an agitation for change. They experience the power of "being in the moment," totally present and focused on hearing and seeing nature.

By immersing themselves in the environment, knowledge, skills, practices and philosophy of an Indigenous group, people open up the truth of their own Indigenous heart, an inheritance from their Ancestors. Various activities help build the map of who they are, their symbolic mandala of existence. This may not be completed during the program but can be instigated and energised for future development. Similarly, the program may be another step in the remembering process that has begun long before attending the program.

Secondly, the programs are a very effective indigenous cultural awareness method. Many indigenous people are choosing to educate others as a way of overcoming ignorance and racial discrimination. Cultural activity programs can be used by Indigenous people as a way to educate non-Indigenous people about their culture and therefore removing the boundaries of misunderstanding between people.

Thirdly, the programs are being used in tourism and developed as enterprise in Western Australia, and can be utilised similarly in many areas of the world. Research shows there is a high demand for environmentally empathetic and culturally appropriate indigenous cultural tourism programs delivered by local people. This provides opportunities for indigenous enterprises and a movement away from the social services system dependency in many areas, and the restrengthening of culture through training of young people to deliver programs. In this way it explores the boundaries of inter-relation between traditional indigenous wisdom and the modern commercial world.

Program value base.

Our personal philosophy and value base directly affects our interaction and connection with our universe. The program developers and facilitators bring their own value bases to the creation and operation of programs. The premises behind our programs and presentations are:

> Being in the moment releases our own knowing within.
> Nothing can be taught, though everything can be remembered. Every human being knows whom they are, why they are here, and where they are going.
> Nature is acknowledged and incorporated in the process used. The results are often profound learning and healing.
> Programs focus on learning to flow with, rather than fight against nature.
> The facilitator provides some tools and activities to "tune" participants into nature.
> How we perceive nature and other people directly reflects our perception of self.
> In the body of each person beats an indigenous heart that knows we are and always will be connected with nature and other people.
> The memories of our ancestors are carried in our blood and bones.
> What we put out to the world by our intent returns to us, usually magnified.
> This Universe is a safe place.
> Involvement in the natural environment is a powerful and personal adventure.

Facilitator preparation.

Preparing facilitators in the necessary knowledge, skills and attitude to deliver programs is very important. Cultural knowledge may be supplied through local sources and supplemented by external sources in academic and scientific information. Training needs in skills such as the making of traditional implements, plant use for food and medicine and local "bush lore" may be serviced through the same way.

The facilitator's task is to be sensitive to the group needs and situation, while being true to their heart in operating the program. They provide encouragement, information, skills, and set the scene. Their prime purpose is to assist people in their journey of remembering. Nothing is to be forced or pressured as this simply generates resistance and reaction. The facilitator allows and honours each person's path as valid and, as much as possible, avoids controlling his or her outcome.

Responses and advantages.

Response to the programs is very positive and in program evaluations, people have indicated a strong increase in environmental, personal and indigenous cultural awareness. They often speak of gaining much stronger appreciation and respect for indigenous culture, the natural environment and their own relationship with nature.

There are several advantages in adopting this program model. It relies on either local indigenous cultural and natural knowledge, or use of international indigenous knowledge by aware individuals. The program activities are low stress and non-competitive. It is often within the quiet focus of the moment while making an implement, of being in the bush, that a person is most open to their own expansion and discovery through nature. As nobody has to be taught, cured, straightened out, fixed, healed or otherwise modified, the burden of achievement is removed from the facilitator who allows them to relax and work with intuition, from the heart.

Conclusion

"Kadjininy Enterprises" provides bush based natural and cultural activity programs, which facilitate the rediscovery of dreaming in both indigenous and non-indigenous people. The dreaming is a powerful concept in indigenous cultures worldwide, including Euro-Celtic. Its expression varies according to the myriad of people and places where it exists. "Kadjininy Enterprises" experience based programs offer another view of reality and an opportunity to experience indigenous environmental relationship in many different ways. They explore the boundaries of one of the big questions: Who are we?

Local natural sciences information and indigenous cultural knowledge and practices, or external natural and cultural expression used by sensitive and aware individuals are used to develop programs. They are currently provided to schools and education institutions, tourism and government organisations and general public clients.

Each person's experience of the programs is obviously unique, however there are several common outcomes, which occur. The results are often significant changes in indigenous cultural and personal awareness, increased understanding of inter-relationships between human and natural worlds, and deeper understanding of personal path and place in the universe.

10

The Task of Adventure within the Peace and Reconciliation Process

By Mike Bartle

Introduction

Current views on adventure seem to accept the unknown dimensions of an experience, with *uncertainty of outcome* and the *confronting of opportunities* beyond our initial comprehension frequently used as definitions (Mortlock, 1984, Hunt, 1990 & Hopkins and Putnam, 1993). These experiences of adventure may manifest within physical activity, within the mind of a person, or transcend some spiritual dimension (Rebillot, 1993). The powerful impact of adventure is easily witnessed through physical endeavour, within journeys, expeditions and exploration. What is less clear is how this impact accesses the cognitive, emotional and spiritual dimensions. Do adventurous experiences in some way access the latent aspect of a person's being where, according to Assagioli (1993), virtues or higher values are located? Specifically, is there a spiritual component of adventure and, if so, what are the implications within the process of reconciliation?[1]

The context for introducing the notion of spirituality revolves around the formative ongoing work of the Corrymeela Community in Northern Ireland. This paper focuses upon adventure within the processes of peace and reconciliation in the contested society of Northern Ireland. This discussion will therefore critically examine the theme of adventure, spirituality and community contesting current understandings of adventure as being limited by cultural constructions. The intent is to construct a view of adventure that synthesises available knowledge and understanding to aid the process of reconciliation. The initial focus of this study reflects upon the claims that are often made of the adventure experience within education, before considering the implications within the reconciliatory process. Not surprisingly, given the investment in current personal and cultural understandings of adventure, any new understanding of the essence of adventure must initially consider such historical antecedents. At the conceptual heart of this investigation is the foundational work of Assagioli (1888-1974), Kaptein (1919-1996) and Fromm (1900-1980), who through their insightful views of humankind provide an understanding of adventure that extends into the boundaries of spiritual growth, communal development and notions of desire.

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[1] Reconciliation is concerned with the history of broken communities and seeks to explore the reconnection of these connections.

Past Constructions: Attempts to Use and Understand Adventure

The term adventure has come to mean many experiences, which pervade our whole being and evade our descriptions (Mortlock, 1984, Hopkins and Putnam, 1993). Adventure has often been associated with educational benefits and personal development. A tendency to utilise adventure in clarifying specific learning outcomes for individuals, often within a personal and social framework, is frequently discussed within the adventure education literature (Cripps and Dallos 1984; Grey, 1984; Mortlock, 1984; Miles and Priest, 1990; March & Wattchow, 1991; Hopkins and Putnam, 1993).

Historically adventure has been seen as a process involving risk and challenge, with uncertainty providing the central component allowing a person to experience new possibilities of learning about other people, the environment and the individual (Mortlock, 1984). Development relied on committed and enthusiastic practitioners reflecting upon such intuition and practical experience to lend credibility to activities often associated with physical endeavour in an outdoor setting. This position continues to unfold and influence the development of adventure often within the subject area of outdoor education. Given these arguments the initial understanding of adventure was therefore significantly influenced by its location within an educational framework (Hobson 1992; Hopkins & Putnam, 1993; Miles and Priest, 1990; and Mortlock, 1984).

By concentrating on the learning outcomes associated with adventurous experiences, research has articulated some intuitive assumptions within adventure frames (Ewert, 1990), stages (Mortlock, 1984) and matrices (Martin & Priest, 1987). These frameworks have been constructed eclectically from psychological and philosophical bases and provide a useful reference point for from which to observe, analyse and validate the outcomes of adventure experiences.

What is clear is that the field of education has explored the spectrum of potentialities of adventurous experiences and suggested some possible outcomes, including determination and effort; "to adventure...is consciously to take up a challenge that will demand the best of our capabilities" (Mortlock, 1984) or "reaching the peak of happiness" (Vogeley, 1992, p186.). The seeking of "emotional and intellectual growth" is suggested by Hopkins and Putnam (1993) or to face a challenge and attain euphoria (Watters, 1994). Furthermore, Rebillot (1993) suggests that individuals impelled into adventurous experiences will experience genuineness by being able to "recognise and respond to the authentic call of adventure" (p8).

Although it would be foolish not to recognise the impact of this institutional setting the concern here is the understanding of the nature or essence of adventure. Do we promote adventure merely because it rejuvenates an interest in outdoor learning, it functions "more as a kind of rallying point than a serious attempt to enter the mainstream of educational debate" (Brookes, 1993, p10). In its present educational form the preference has been to interpret the intensity or outcomes of adventure discerning all manners of benefit either during an experience, or in more contemplative or structured moments afterwards. One such example is that of Reviewing, which has become a key feature in many group sessions.

Reviewing is the term used to identify a period of time where specific techniques and skills provide a focus to stimulate and witness learning (Hunt and Hitchin, 1989). The challenges of facilitating adventure learning often resulted in leaders seeking to champion contemplative and reflective techniques yet jettison the context of the events. This is to say that the fact that the moment was connected to a specific location, vista, time or conditions becomes less important then the techniques used to stimulate reflection. The experience of adventure often becomes divorced from the outdoors and reflective personal observations serve to illuminate individual differences. The development of adventure programmes within the urban setting and school location perhaps mirrors this development (Hopkins & Putnam, 1993).

With the development of safe principles, identification of codes of practice, attention to learning, and the evolution of values, ideas and vision, there developed a coherent role for adventure within the umbrella of outdoor education. Cudmore (1994) provides a more detailed analysis of such development within the British education framework. To assist in this educative process, elements of humanistic psychology, psychotherapy, social psychology and experiential learning have been successfully applied and appear to have resonated well with observed practice (Cripps and Dallos, 1984, Hopkins & Putnam, 1993). Specifically, "adventure based counselling" (Schoel, Prouty and Radcliffe, 1988), the developmental earth education path of Van Matre (1990) and development training (Loynes, in Miles and Priest, 1990) represent three innovative and emergent areas. Additionally, the conception of adventure as a form of leisure suggests that cultural prerequisites will facilitate leisure based understanding. Giddens (1990) provides a comprehensive analysis of the societal changes, from the failure of the grand narratives of Marxism, Capitalism, etc. to the "Utopian Realism" of self-determination through experiences in leisure. The tendency to pay greater attention to how adventure can assist our modern culture and its associated tensions and needs, often through personal, social and environmental interaction and awareness has resulted in diverse and insightful research (Heywood, 1994).

Jarvie & Maguire (1994) propose two interconnected and tentative leisure based hypotheses concerning adventure. Initially, they suggest that people learn about adventure not through exposure to the outdoors but in relation to other people in social settings. Secondly, they ask whether adventure has become a socially conditioned experience which people now believe they need and which can be achieved by participating in consumer culture.

This perspective implies that adventure is diluted within modern society and its characteristic social systems which attempt to incorporate, functionalise and commodify adventure. The development in adventure tourism (Plog, 1991), and the success of adventure theme parks such as "Euro-Disney" suggest an "eliciting or imitating excitement akin to that which is generated in "real" life situations..." (Jarvie & Maguire, 1994, p143). Adventure is therefore promoted, influenced and controlled within a modern social framework. These critical interpretations might include arguments from a cultural basis to consider how society has influenced our understanding of adventure.

In its present form adventure is commodified. This suggestion is certainly not new. Riffenburgh's (1993) comprehensive study linking the press to explorers in the nineteenth century provides ample evidence of society's historic interest in adventure: "the public could be intoxicated by exciting reports about heroic struggles to master nature, particularly in what were perceived as... most dangerous environments...." (p196). The modern image of adventure perhaps differs very little from Riffenburgh's observations, that experience is very desirable and sought after, adventure is able to provide socially desirable qualities.

The role of the press and media in creating an underlying interest in what may be termed "socially acceptable adventure" and dissolving it into sensation, at the expense of a holistic understanding of this phenomenon has yet to be fully understood. It is apparent, however, that excitement and adventure is highlighted within the press. For example, the public debate surrounding the tragic death of Alison Hargreaves highlighted the tension between role expectations as a mother and wife and the rights or desire for pleasurable excitement, adventure and self-fulfilment. Headlines such as "Should climber Alison Hargreaves have given up her sport for the sake of her children" (Independent on Sunday, August 1995).

If these arguments are accepted, our normative assumptions support adventure, perhaps trivialised by an exaggerated physical focus and diluted by a lack of holistic understanding, within an educational system seeking a cross-curricular champion. Secondly, perceptions of adventure based on obsolete inventions by tradition and culture, and influenced by a pluralistic social framework often reinforce specific virtues, which are mistakenly attached to adventure. Thus far we have at best preferred to interpret the intensity of adventure for learning purposes or discerned all manners of sublimation in more contemplative moments. It is perhaps more important to understand the facets or essence of such an experience, than to rely upon temporal, cultural or spatial attempts to define such a sensation. It is to this concern that the discussion will now turn.

A Deconstruction of Adventure

The central issue is whether adventure, as we currently understand it, furthers the understanding of an individual's experience. Or, whether through its location or language, creates a form of paralysis, regardless of the educational, therapeutic or reconciliatory framework. The transmission of adventure experiences through language produces cultural memories, which act in ways to confirm our membership and position within a social context, which we call society. However this language also provides boundaries through the communicative structure available. Adventure, when verbally expressed seems to become a translation of an event rather than an explanation of an experience which can transcend the qualities of beauty, compassion, comprehension, creativity, faith, aestheticism, joy, serenity, peace, vitality and fear, as highlighted by Assagioli (1993) within the framework of psychosynthesis.[2] His position suggests that the experience of awe or the appreciation of some of the above qualities illuminates an unknown element to our cultural understanding of adventure. This deeper emotional response cannot be articulated through expressive cultural symbols such as language. A comprehension of adventure is perhaps like trying to explain how we experience the colour blue.

Furthermore, such paralysis may manifest itself in different ways (e.g., as inactivity or lack of engagement in a person). Pretending to be unafraid whilst involved in a new and adventurous activity requires the separation of the person from experiencing potential inner functioning. The intention may be to maintain a facade, to remain unchanged because the fear of losing control, even of expression is too great. This stance perceives change as being too threatening, because change inevitably requires a reassessment of self. Or, the complexity of evaluating external and internal reactions to self-expression is perceived as too difficult. Additionally, to remain focused on cognitions or emotions, such as fear or reassessment, is to locate oneself in the present, to foster awareness on current responses and behaviours. This moving away from the facade of "faking" demonstrates a genuine or deeper reflection of the self, which does not seek power or fame. What Fromm (1995) would argue as a move from having to being.

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[2] Psychosynthesis refers to a method of psychological development and self-realisation founded by Roberto Asosagioli (1888-1974) and not as often thought a school of psychology. It is sometimes referred to as a psychology which includes a transpersonal or spiritual approach

This experience of authenticity is appealing. Some adventure programmes seek to maximise these instances without comprehension of the relational impact on individuals. Past programmes for disaffected youth sometimes failed, albeit unknowingly, to locate adventure laden programmes within such relationships. The consequences were many. Adventure was seen as a form of punishment, to be endured, as a method for focusing personal tensions and energies, "as a means of releasing energy and frustration" (Inmate, Grendon Underwood Experimental Prison, 1991). Or adventure remained as an experiential "carrot" only available upon reaching some personal and social standard. Fromm (1995) and Van Matre (1993) warn of the lack of relationship to communities and lifestyles that such lack of insight can produce.

Another form of paralysis is that of instant self-gratification. The argument that adventure can assist narcissistic tendencies is not new. Fromm (1995) has argued that much of what we desire focuses not upon self-development as suggested, but upon self-gratification. He recognises that the consumer world of desire results in an addiction to having sensation rather than being aware of our senses. He argues that without an understanding of being by facing personal difficulties and suffering through change is important for mental and spiritual growth. Within the world of having, adventure experiences are a demonstration of individual desire, success and the seeking of control. For example, choosing to pay $25,000 to go to on adventurous journey to an exotic location reflects the position of free choice rather than an individual understanding of the culture of choice. Whether these opportunities are able to enhance one's own self-efficacy rather than illuminate the feeling the success of having generates remains unclear. However Fromm (1995) is clear on one point, that this freedom is really an "unfreedom." He argues that, though we are free to make this choice and that this may appear to be an expression of our own desire, we are mistaken. This seeking of adventure, no matter how beautiful or fulfilling it seems, is desirable only when someone else suggests it is worth having, already possesses it or desires it. According to Kaptein (1993), we are influenced by what someone else desires or possesses; we are therefore influenced by someone else's adventures. The notion of independence is therefore an illusion reliant upon parasitic experience, as Pliny the Elder in AD 77 so eloquently states: "we use other people's feet when we go out, we use other people's eyes to recognise things, we use another person's memory to greet people, we use someone else's help to stay alive - the only things we keep for ourselves are our pleasures" (Zeldin, 1996). Kaptein (1993) argues that even these pleasures are dependent upon another who defines what is a pleasurable desire. While Pliny could not have realised the extent of man's desire to guarantee narcissistic pleasure the "smorgasbord" of commodified adventure experiences awaits those whose desire mirrors this perspective (Kaptein, 1991). In a psychological sense the person who becomes desire oriented may eventually use adventure as an external object to exist, to provide a sense of identity. They are who they are only insofar as they have the adventure experience or a similar experience (Fromm, 1995).

The conceptual root of this argument relates to Kaptein's (1991) notion of mimesis and Fromm's bi-polar construct of having and being. It is difficult to separate them completely, however they both agree that the layers of society provide a sense of being through having and desiring and this generates conflict. Kaptein (1993) argues that the impact of our complex modern culture through these societal layers also remove us further from an awareness of our sense of relationship. Although discussed in detail later on, it is important to initially question how modern society has commodified adventure for an increasingly urgent modern lifestyle.

Within this context, the qualities attached to the adventure experience have become a projected symbol of desire. Modern society and the mind become instruments through which desires and sensations of adventurous experiences, directly or vicariously, are sought. Adventure in this sense merely cultivates the worship of the instant and temporary sensual pleasure; as Krishnamurti (1964) warns "...as every sensation comes to an end, and so we proceed from one sensation to another; and every sensation strengthens the habit of seeking further sensation" (p73). As consumers of pleasure, the memory and recognition of past adventures highlight a perceived need for more, modern society seeks increasingly exciting methods to replace one adventure experience with another.

Such direction to accumulate experiences in order to self-develop suggests a deep expression of our true personality. However Assagioli (1993) would contend this view. This expression is a form of "egotistical satisfaction"; the desire to get more from life is founded not on some evolving configuration of awareness but upon an imaginary myth of human perfection and success. The seeking of adventure is based upon a belief that mythical qualities are associated with adventure and that such experiences will bestow virtues honours and esteem upon oneself.

Riffenburgh (1993) suggests how explorers and adventurers promoted these qualities through a number of powerful iconographies in the late nineteenth century. It could be argued that in modern society these images might be even more powerful. Technological support and sensationalism has perhaps helped create for the media, its largest and most receptive audience. Thus allowing adventure to become, in many instances an extension of the "living room." The effortless comfort of the armchair serves up the desire to adventure in an appetising and instantaneous manner.

According to Riffenburgh (1993), there was actually little resemblance between the adventure as described by the popular press and that experienced by those involved in exploration. Stories of adventure were constructed specifically for a hero-worshipping public, often a select audience, and this merely reinforced stereotypical notions of the qualities which adventurers supposedly held. In more recent times, the "great person" image may have receded; however, the qualities of adventure are still marketed for the consumer. For example, Bonnington's latest adventure can be experienced via the internet. In seeking these supposed qualities, the belief exists that these qualities or virtues can be acquired because commodified adventure experiences can be purchased.

As an indicator of successful living in the late twentieth century, the cultural kindling and promotion of adventure has led, not to the unique qualities of adventure being enhanced, but towards the commodification and addiction of sensation and experience. Adventure helps to form a sense of identity, though it is one based on a false sense of experience, reliant upon having or desiring. We function not as a person but as an instrument where interests are focused merely on narcissistic fascination and consumption from the "smorgasbord" of modern adventure (Fromm, 1995). To understand adventure then, we need to consider how adventurous experiences can dislocate us from our own sense of desire and simultaneously access through our present field of awareness[3], that part of us which processes our "sensations, images, thoughts, emotions, feelings, desires and impulses" (Parfitt, 1990, p17).

A New Construction of Adventure

> I believe that courage is all too often mistakenly seen as the absence of fear. If you descend by rope from a cliff and are not fearful to some degree, you are either crazy or unaware. Courage is seeing your fear in a realistic perspective, defining it, considering the alternatives and choosing to function in spite of risk. (Leonard Zunin in Schoel and Stratton, 1990)

Zunin's reference warns of the dangers in naively associating virtues with adventure. He further questions a view of adventure, which fails to recognise, accept or integrate a person into the world. Adventure, in his view, acts as a changing intellectual, literary or recreational fashion where words such as risk, challenge and fear hold romantic and escapist connotations which some would suggest are becoming increasingly and strangely distant to us (Bartlett, 1993 & Van Matre, 1993). Such estrangement is intensified as we seek an understanding not within the subtle and complex processes of nature's balance or human spirit, but within a timescale and culture that seeks to utilise and master both the natural world and the organisation of human life (Watts, 1958).

For some, this mastery is concerned with control over our own destiny as in achieving personal desires, or freedom from life's responsibilities. Adventure is seen as being able to transcend structures, helping a person escape from an everyday life, which is seen and felt to be mundane, narrow or painful. But surely this is an illusion. To value the experience of adventure and subsequently life as an adventure, we must come to understand our own realistic position in the world, our personal competencies and desires, and how adventure is defined within our culture.

I am not questioning the dedication or desire to establish and provide further credit for adventure as a medium of learning or development. However, it is difficult to entertain the transformation that adventure evokes or the significance of the experience to the individual within the frameworks currently available. I would suggest that through exposure to adventurous experiences deeply rooted psychic material is disturbed and this provides access to new understandings and opportunities for growth. It is the understanding of these encounters that require greater understanding.

Reflecting upon Rebillot's (1993) ideas and synthesising personal observations, I would like to suggest that we typically confront or experience adventure in four different ways. The first is that we recognise an experience or situation to be frightening or disturbing, yet decide to continue to engage the experience. It is in the acknowledgement and recognition that we can function in conjunction with a feeling of fear that allows for learning to occur. The acceptance of being frightened seems to dissipate resistance, making it more possible or acceptable to proceed. In recognising this inner state and deciding to continue, we are also identifying an ability to attend to our anxieties and fantasies. The important aspect here is not the perception of the adventure but the acceptance of feeling of fear and the capacity explore the fear. Such effort may emerge from self-determination, an external support, or through some past experience.

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[3] Field of awareness is a term used within psychosynthesis to describe the place where all our states of mind are brought into focus or consciousness.

The second way we confront adventure occurs when we recognise it to be cathartic. Through the increased psychic engagement which may accompany an adventurous or challenging experience comes a significant change in the level of functioning or a release of energy. Such liberation may offer the individual access to a higher type of psychological being, what Assagioli (1995) referred to as "psychological mountaineering." The adventure experience changes the individual's inner and outer world. The consequence is the release of energy or access to aspects of the self such as aesthetic appreciation, inspiration, or intuition, which provide a different relationship of the person to their own psyche.

The third one I once witnessed as an outdoor instructor at the top of a viaduct peeled the fingers of a teenager off a wall, as he prepared for an abseil. Even the accompanying teacher was colluding with the instructor by saying, "everyone else today and in your 'year' has abseiled, come on!" The student was not allowed to say no. If someone is wrestling with resistance and finding genuine difficulty in overcoming an adventure or challenge, they need to be able to find honour in stopping and saying, "No, I don't want to do this." Being able to say no as an individual and remain free to join in again without a problem is a challenge often greater than simply enduring something traumatic or painful. The will to say "no" may provide an equally important picture of oneself; it allows expression to the diversity between people. Needless to say the opportunity to reflect and act upon personal feelings of safety by withdrawing should be available, and it should be stated clearly.

Rebillot (1993) refers to the fourth and final way in which people confront adventure as "passive resistance." The person neither attends to the challenge nor makes a statement concerning withdrawal. They wait, seeking an exit, something or someone to hide behind, or an excuse for mediocre performance. Or they pretend to be doing something constructive. This ritual format may be manipulative, passive or aggressive; whichever guise it takes the difficulty is in recognising and dealing with it.

Mortlock (1984) suggests that exposure to adventurous experiences helps the participant discover and confront their "threshold of adventure." Or as Rebillot (1993) suggests, the process of adventure "deliberately calls upon your resistance." Only through confronting such challenges (or resistance) can you encounter adventure. The reward may not be initially forthcoming, and relies upon the individual returning and confronting their individual and communal position. If we acknowledge that such impact is not always instantaneous and that the contents of the experience continue to exist perhaps in the unconsciousness then we are faced with identifying different patterns of growth for different individuals.

Adventure within this framework, is not simply an experience vessel to which more adventure is added. The additive approach to adventure experiences may be appropriate in the recreational use of adventure activities when the consumer demands more adventure, more pleasure, more activities. However, individual development is not achieved by simply providing more of something, in this case adventure. Individual development is also not concerned with those definitions of the therapy that define therapy as removing some psychological malady from a person.

This view suggests that the use of adventure to try to identify or expel the psychologically impaired parts of the person is flawed. Experiences that place people on the extreme limits of comfort or understanding, are not necessarily ideal for assessing individual functioning. If someone expresses anger when witnessing some aspect of war, we don't try and rid the person of anger. Rather we seek to understand their perception of war and alternative worldviews. Reflecting upon an adventurous experience should similarly help locate and stimulate our sense of connection to a human, natural and universal community and not seek to rid past experiences.

The transformation needed is not in the setting of a more refined or specific adventure experience, but in changing our understanding of adventure to incorporate new directions and understandings. Such change requires a radical rethinking of current structures. Firstly, we need to accept that cultural traditions and desires influence much of adventure. Secondly, that adventurous occurrences offer greater opportunities to provide a more holistic than individual development.

According to Assagioli (1993), this comprehension has several levels. On the surface and in our present form of consciousness, we have preferred to interpret the intensity or outcomes of adventure for the purposes of individual benefit and rivalry, either during an adventure experience, or in more contemplative or structured moments afterwards. We have mistakenly assumed that self-focus leads to self-development. In doing so we have allowed the notion of self-gratification to shadow an extensive exploration of the individual. This mirrors the broad cultural fascination leading towards individualisation.

On another level, adventurous encounters may help us see some of the external world as an intimate connection to ourselves. The importance of this is clear: "it determines our actions, our most important decisions, it gives us faith... or scepticism" (Assagioli, 1995). Intimate glimpses of the human potential through such experiences help us to understand our own pilgrimage through life. It could be said that these encounters offer interactions with the "superconscious"[4] or spiritual self.

Adventure and Spirituality

The term adventure is further confused when we include ideas of spirituality. The word spiritual is unclear and difficult to locate; if there is any word that lends itself readily to misunderstanding and confusion, it is the word "spirit" (Assagioli, 1995). It has sometimes mistakenly been used to define observable levels of energy. "The person has spirit" is often said to reflect observable acts such as bravery, or levels of energy in adverse conditions. A spirited performance may be defined to explain an outstanding performance or particular facet of participation. Or we say someone is in "high spirits" when they seem happy or even estatic. Spiritual may refer to a persons mannerisms. Spirituality can also be seen in serenity and is usually referenced to forms of contemplation, silence or renunciation.

The difficulty continues when we consider words that frequently surround spirituality. Truth, faith, religion, fear, soul, self and God introduce semantic and philosophical difficulties. Is spirituality aligned with religion, belief and faith and is it possible to separate religion from the spirit? Expressing religion as a "cumulative tradition," Fowler (1995) suggests that belief is demonstrated through faith. We therefore witness a dynamic relationship between spiritual and religious structures, which are often difficult to define. This wish to attach religion to spirituality is founded upon elements of transcendental growth as well as the desire to recruit people to a set of beliefs as a way of being.

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[4] Used within the framework of psychosynthesis, it is a realm of the unconsciousness from which we receive our higher intuitions and inspirations.

Spiritual association adds value and credibility to religion. Alternatively, spirituality is often claimed to provide meaning to locate a sense of wonder, awe, ecstasy, beauty and compassion. Spirituality can connect to community through sense of universality and harmony. As Assagioli (1995) states, "Spiritual development in a person is a long and arduous adventure, a journey through strange lands, full of wonders" (p116).

The conceptual problem which Assagioli defines is that human experiences consist not only of the present and the inevitability of the past, but also that transpersonal and spiritual experiences that help to shape our own future. Through the comprehensive approach known as psychosynthesis which is sometimes defined as "a method of spiritual realisation which includes psychology," (Parfitt, 1990) Assagioli provides an opportunity to consider a wider framework in which to explore adventure. Reflecting upon Giddens (1990) view that "the future is yet to be colonised," Assagioli, (1995) confronts and debates this issue as part of the model of psychosynthesis.

Experiencing the superconsciousness and the spiritual Self, according to Assagioli (ibid.) is the same as experiencing any other aspect of the unconsciousness. Certain experiences and encounters allow these aspects to break into our field of consciousness or awareness. The suggestion is that under certain conditions, adventurous experiences provide access between the conscious and unconscious minds. It is impossible to summarise in this paper the 50 years of psychospiritual reflections and research of Assagioli; however, in relation to adventure there are two major points. Firstly, it is possible for us through such adventurous experience, to reconnect with the transpersonal or spiritual realms within us. Secondly, these realms can manifest within the society in which we live, if we allow such experiences to transform the way in which we function and relate to our lives. He continues to provide further insight by identifying five important stages to spiritual realisation, which are:

> The crises preceding spiritual awakening;
> The crises produced by spiritual awakening;
> The reactions which follow spiritual awakening;
> The phases in the transformation process;
> The dark night of the soul. (Assagioli, 1995, p117)

Assagioli (1995) argues that this connection is often painful, beset with trauma and dilemma and consequently often avoided. The description of these stages often mirrors some of the reactions people display while experiencing adventure. From an initial feeling of depersonalisation, through floods of light, understanding and a sense of release, the illumination by spiritual crisis, according to Assagioli (1995) creates a number of reactions including a "state of grace" (Parfitt, 1990 & Powers, 1993). Bartlett (1993) considers spiritual connections through the activity of mountaineering, and talks of the deeply private reflections upon life. Accordingly, Assagioli (1995) suggests that the ascent is followed by a slow purification through suffering and leading onto spiritual resurrection. Assagioli often uses mountaineering allegory to convey notions of ascent and descent, however beyond this psycho-spiritual symbolism, he suggests the physical journey provides both comparison and assistance (see also Shipton, 1943, within the context of expeditions for a socio-psychological interpretation).

Choosing to experience difficulty and hardship, even the desire to escape everyday life and the inexplicable fascination exerted by unknown landscapes, seascapes and skyscapes provide examples of spiritual connection to outdoor and adventurous experiences. Through adventure experiences, important insights which have broad relevance to our life as a whole may emerge (Miller, 1975). The relationship between outdoor experiences and spirituality is certainly not new. Pilgrimages, quests, benevolent service, rites of passage and journeys into unknown environments were often seen as ways for a person to gain learning and wisdom. As John Muir (in Teale, 1982) hinted at: "I only went out for a walk and finally concluded to stay out till sundown, for going out, I found, was really going in" (p. 311). For Muir, this outdoor journey became an inward quest.

Often shamans, yogis, priests, religious figures and many other individuals claim to have experienced states of consciousness "above" or "beyond" that which may be termed "normal" (Assagioli, 1995). Csikszentmihalyi (1993) referred to these people as transcenders, people who gain insight and transcendence and are able to function regardless of the complexity of consciousness.

As important as this awakening of spirituality is the readiness and capacity for humanity and harmony. Adventurous experiences that provide internal meaning without revealing external connections can lead to imbalance or reinforce egotistical concern. The self-defined or enlightened being or spurious mystic caricature is often unable or unaware of the potential application beyond the limits of their own experience. Without attachment, spirituality merely personifies an experience and the surrounding natural forces. Without connection, spirituality merely feeds illusions of being (Fromm, 1995). This debâte suggests that the fundamental importance of the adventurous experience is the linking of the individual to the human spirit and the transformative qualities synthesised by the individual within the modern world and the increased ability to define oneself within relationships and communities.

The Impact of Desire

Attempts to bring comprehensibility to the diverse area of adventurous experience and behaviour have relied on frameworks that ignore some of the spiritual essence of adventure in favour of personal and social development. Some of these developments are more concerned with having experiences rather than locating the meaning or understanding within the inner realms of the psyche according to Fromm (1995) and Kaptein (1993). They suggest that this orientation for having and the associated satisfaction which currently permeates our modern society, actually weakens the inclination for active effort, discipline or self-realisation.

Although recent trends towards self-awareness, which focus upon fulfilment and development, suggest recognition of the need for change to include spiritual realms of energy, this is not so according to Fromm (1995). Offers of instant enlightenment or easy steps to success, suggest an orientation towards having and not necessarily being. The importance of self-awareness is crucial, however there is a need to understand the inner relationship with ourselves and others in creating and shaping our lives. But we cannot solve these problems by trying to quickly rid ourselves of difficulties or conflict, often by placing the blame on another (scapegoating[5]) or an experience elsewhere (Kaptein, 1993).

The work of Roel Kaptein and Eric Fromm, offer penetrating insights into human desire and awareness and suggest that an affinity with adventurous experiences or sensation may develop through what Kaptein (1991), calls mimetic desire or rivalry[6]. According to Kaptein, mimetic desire is a social phenomenon. However interference from past experiences or other persons who act as models for us to imitate and rival, can create a web of desire and rivalry which may lead us into possible conflict. This desire to experience adventure becomes problematic only when our everyday lives become disrupted by mimetic desire. This is not to deny what we have experienced, or what we hope to achieve, merely to recognise the possible interference that imitative desire can have on our conscious state.

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[5] Kaptein (1991) suggests that scapegoating, which is an inevitability of culture, is the symbol for defining the ëgoodiesí and ëbaddiesí. As such we can always show that the ëbaddiesí are the others.

If this web of desire is accurate, adventure as a desired sensation or object becomes a paradox. It is both a desirable sensation and experience that we seek (resulting in possible neurosis). Yet the very nature of the experience of adventure may serve to dislocate us from past and future desires; we become focused upon the present sensation or experience. Adventure through its very nature of uncertainty blots out learned behaviours, allowing us to act, free from desire, with spontaneity, creativity and intuition. This suggests that either Kaptein's theoretical framework is incomplete, or adventure is a fundamental experience, a primordial harmony existing within us.

These differences provide two fundamental directions, according to Fromm (1995). In one direction there are those who seek acclaim in the accumulation of material possessions and experiences. This orientation concerns having or the desire to have. Such attainment recognises success and self-liberation through having, may include your work and life position, and the knowledge and power to control. This direction also includes the collection of experiences, which reflects mastery of opportunities available and of the society in which they are created. Achievement is applauded, often regardless of the impact upon others or the world around.

There is almost nothing which cannot be seen as an object of desire, according to Kaptein, (1991). Even the desire to control others is evidence of people becoming the desired object (you do not need to own someone to control them). The history of slavery and prostitution is testament to the physical desire to have others; we seek others to assist our pleasure desire (Fromm, 1995). It does not matter whether someone has or has not; it is the orientation towards the desire or orientation of having which is of concern.

Adventure then, seems to exist within both arenas. For those able to celebrate such opportunities able to exert personal autonomy, adventure is available, to desire and have more or better experiences. Faster, higher, more exotic occurrences on a more frequent basis and thereby obtaining greater virtues and honours are signs of this orientation. The desire to determine one's life, existence and meaning are measured by the number of experiences amassed. Adventure for these people has become an object of having.

However, Fromm (1995) warns of the illusion of easy awareness shortcuts to greater life possibilities, or believing that through this vehicle success can remove difficulties or pain from life. Reflecting upon Girardian concepts Kaptein (1993) suggests that even feelings generated by good experiences become obstacles. Adventure becomes an object of desire to generate good feelings and the more we seek the object, the more we become dependent on this object to provide the feelings.

Alternatively, adventure as a spotlight can focus upon problems and development and breakthrough this property structure of the mind, accessing new modes of behaviour and practice. The smorgasbord of adventure experiences should represent more than society's benefits or how to use different communities. The task of adventure is to introduce spiritual realisation and recognise that we exist in relationships that function as mirrors to help us understand the process of growth and change, through such relational connections mimesis can be examined.

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[6] Mimetic desire or rivalry refers to the central theme of mimesis. As a human condition Kaptein (ibid.) suggests that without being conscious of imitation, we are always desiring and as a result, we are always liable to rival, unless some external mediation intervenes.

Adventure, Reconciliation and Community

Reconciliation is a process concerned with identifying the history of broken communities, and seeks to locate the nature of such disconnection. According to Kaptein (1991), such disconnection is rooted in scapegoating, rivalry and culture. The reconciliation process seeks to recognise the conditions that dislocate people at an intra, inter and external level and provide connections, which facilitate experiences of affirmation and empathy. Opportunities to share personal and historical stories often afford increased awareness and seek a gradual stabilisation within the communities in which we live. Reconciliation and peace are therefore dynamic states; they are not endings or conclusions.

Such conditions often require the development of opportunities to communicate and the skills to accept and empathise alternative perspectives. Additionally, experiences which build a deeper awareness of the connections to life and which foster a sense of community, beyond the fascination of cultural and personal boundaries, are introduced. Perhaps Mortlock's (1984) suggestion of "universal harmony" adds practical credibility to adventure as a vehicle in the reconciliation process, when he mentions adventure assisting the self partake of both individuality and universality: a position which includes wholeness, truth and love.

Both Mortlock (ibid.) and Assagioli (1995) note the potential of spiritual experience transcending our typical reverence for desire and accessing different understandings of community. This debate considers the adequacy of adventure in assisting reconciliation through the connecting fabric of shared spiritual experience. Such experiences seek to provide freedom from mediocre cultural relationships and access, partly through spiritual energies, opportunities to explore new ways of feeling, knowing and behaving. Additionally, interaction with traditional cultures, landscapes and the wisdom of native heritage's provide rich images to help unearth our past and infuse outdoor and adventurous experiences within our own sense of community.

In understanding that identity does not exist in a static or isolated state nor are the experiences of community and culture from which we emerge. Indeed, so are the earth or cosmic communities from which everything is ultimately emergent. Hence these relationships and connections can only effectively exist when they do so in an affirmed and recognisably interdependent way. This is not some attempt to invent a connected tradition because we feel dislocated, but a genuine recognition of our interdependence and the need to foster this sense of community. Perhaps the starting point of reconciliation is a recognition that complete reconciliation requires a reconnection with all the communities to which we belong. Our human sense of adventure and not the consumption of adventure, is a primordial part of all communities.

A brief story of "Corrymeela"

> In genuine community there are no sides. It is not always easy but by the time they reach community the members have learned how to give up cliques and factions. They have learned how to listen to each other and how not to reject each other...A community is a group that can fight gracefully. (Peck, 1988)

One such story, which identifies reconciliation within a present conflictual situation, is that of the Corrymeela Community. The word Corrymeela stems from the Irish phrase hill of harmony. In the midst of contested societies such as that in Northern Ireland, the Corrymeela Community has acted as a stable community to foster peace and reconciliation. Founding members understood the importance of assisting those social activities and movements, which bring people from different and diverse social, political, cultural and religious traditions together.

Many contested societies experience great difficulties in relationships between the different traditions within it. These focus upon the relationship of each tradition to the law, state, employment, equity and other traditions. The Corrymeela Community seeks to address these themes whilst seeking to build opportunities for people to meet together and share concerns and needs. Using residential and serial experiences individuals, groups and communities, Corrymeela provides space and focused opportunities to "tell your own story" and listen to those of other people in an atmosphere of trust and hope.

Corrymeela believes that, in the past, many reconciliation and communities have limited their focus. There is a need to build bridges across the fault-lines that break and separate our humanity, our community, and our fundamental relationship to the Earth. Through an integrated and sequential programme, the Corrymeela Community aims to reintroduce notions of community, service, leadership and development using residential and serial experiences. Adventure learning in this context is used to aid the development of personal, cultural, spiritual and communal connectedness.

Conclusion

Is the value of adventure a reflection of the value attributed to living? We see people in adventurous experiences expressing the joys and trials of life, often through enjoyment and struggle. Or is adventure a complexity perhaps still beyond our capacity to adequately articulate it? Intuitively, we suspect adventure to be life itself and yet some of this unknown picture does not seem to fit. Fitting in is about fitting in to the largest and smallest pictures possible. We have sought to fit adventure to a personal lifestyle, which focuses upon culturally defined constructs.

Adventure is not an observable fact of behaviour or a direct aspect of experience. It is a term for conditions, which we construct because the invention seems to bring comprehensibility to a diverse area of experience and behaviour. However, such comprehension is incomplete. A current construction of adventure fails to account for the manifestations, which pervade the higher connections of our lives.

Beyond the socially constructed experiences and activities, which have built-in obsolescence, adventure experiences can breakthrough narcissistic selfishness and egotism, from desiring and having adventure to an understanding of being in adventurous experiences. A change is needed, from the seeking of the guaranteed sensation, to the innocence of a first adventure. The task of adventure is not to seek clarity by organising our lives around desired states of separated experience or achievement, but to meet each new adventure as a synthesis of all we comprehend. To help us use impulses and capacities in harmony with potentialities, thus freeing ourselves from past judgements, perceptions and conditionings (Assagioli, 1993).

After years of searching, the seeker was told to go to a cave, in which he would find a well. "Ask the well what is truth," he was advised, "and the well will reveal it to you." Having found the well, the seeker asked the most fundamental question. And from the depths came the answer: "Go to the village crossroad: there you shall find what you are seeking." Full of hope and anticipation, the man ran to the crossroad, to find only three rather uninteresting shops. One shop was selling pieces of metal, another sold wood, and the third sold thin wires. Nothing and no one seemed to have much to do with the revelation of truth.

Disappointed, the seeker returned to the well to demand an explanation, but he was told only: "You will understand in the future." When the man protested, all he got were echoes of his own shouts. Indignant for having been made a fool of — or so he thought at the time — the seeker continued his wanderings in search of Truth. As years went by, the memory of his experience at the well gradually faded until one night, while he was walking in the moonlight, the sound of sitar music caught his attention. It was wonderful music, and it was played with great mastery and inspiration.

> Profoundly moved, the truthseeker felt drawn toward the player. He looked at the fingers dancing over the strings. He became aware of the sitar itself. And then suddenly he exploded in a cry of joyous recognition: the sitar was made out of wires and pieces of metal and wood just like those he had once seen in the three stores and had thought to be without any particular significance. (Ferrucci, 1982. P. 21-22)

Meaning comes when connections and transformations are brought from one instance to bear upon another. Reconnecting to the experience of adventure as a primordial instinct we need to reconcile the differences within and between mankind as well as the many communities to which we connect. Such a change is not without pain and perhaps it is this very pain which signifies adventure's association within a therapeutic and reconciliation process. In this parasitic work, the constant and active interchange of knowledge and understanding sought, suggests a need for transformation to break the "either or" world towards the reality of the "both and" world (Kaptein, 1991). The real test is, after all, to understand adventure in the midst of all life (Assagioli 1995).

However, such transformation lies not in a retreat to traditional or frugal lifestyles where scientific and technological discoveries are jettisoned or ignored, in favour of some venerable tradition of contemplation or renunciation. Nor should we rely upon "enlightenment" programmes with guarantees of short cuts to self-awareness. The tension and conflicts within contemporary life have resulted in an increasing number of retreats and courses offering paths to inner peace and being (Housden, 1995). According to Fromm (1995), these "spiritual elevators" offered by our individualised consumer-oriented world remove us further from self-determination.

What is required is a rediscovering and reclaiming of our sacred heritage of psychospiritual, often promoted in times of adventurous encounters. This view extends beyond the boundaries of intellectual debate, and is often prophetically represented within contemporary popular culture. The style may be totally different, however the lyrics of Browne (1996) take their pattern from the need to develop spiritually when he suggests that:

> Standing in the ocean with the sun burning low in the west
> Like a fire in the cavernous darkness at the heart of the beast
> With my beliefs and possessions, stopped at the frontier in my chest
> At the edge of my country, my back to the sea, looking east
>
> Where the search for truth is conducted with a wink and a nod
> And where power and position are equated with the grace of God
> These times are famine for the soul while for the senses it's a feast
> From the edge of my country, as far as you see, looking east
>
> Hunger in the midnight, hunger at the stroke of noon
> Hunger in the mansion, hunger in the rented room
> Hunger on the TV, hunger on the printed page
> And there's a God sized hunger underneath the laughing and the rage
> In the absence of light, and the deepening night
> Where I wait for the sun, looking east
>
> How long have I left my mind to the powers that be?
> How long will it take to find the higher power moving in me (Browne, 1996)

Although, I have only examined the surface of the power of spirituality, adventure and the process of reconciliation, the direction is clear. A new and pre-cultural construction of adventure is required which includes a synthesis of spiritual realisation; the awareness of traditionally viewed universal connections, as well as notions of intellectual and communal possibilities and the impact of cultural desire. Clearly such a complex understanding is daunting although necessary to integrate adventure within all of our lives. There is however, great value in exploring the diverse avenues of behaviour and experience often associated with adventure. By considering a framework beyond the boundaries of specific professional directions, I am convinced that we will create significant contributions within the fabric of adventure.

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11

The Development of a New Zealand Tertiary Qualification in Adventure Based Social Work

By Blair Gilbert

"Must we always teach our children with books? Let them look at the mountains and the stars up above. Let them look at the beauty of the waters and the trees and flowers on earth. They will then begin to think, and to think is the beginning of a real education" (David Polis cited in Outward Bound, 1989, p.23). This whakatauki (proverb) was given at the inaugural graduation of the Certificate in Social Work (Activity Based) 1995, Rotorua, New Zealand. In this paper I will share the experiences of developing an adventure therapy qualification, the Certificate in Social Work (Activity Based), at a New Zealand Polytechnic. I will outline the origins of the course, how the course operates and the context in which it exists including the bicultural framework in which it is set.

There are three reasons why Waiariki Polytechnic chose to develop a tertiary qualification in Adventure Based Social Work. First and most importantly, the adventure approach to therapy is effective. Research and anecdotal evidence from those working in the field has shown positive outcomes. One example is Schoel et al (1988) which studied Adventure Based Counselling groups ranging from elementary to high school students, the findings state:

> According to the Tennessee (self-concept scale), significant improvements were made in self confidence, identity, self satisfaction, behaviour, physical self, moral-ethical self, personal self, family self and social self. The "empirical scales" of the Tennessee...show significant improvements in adjustment, psychosis, personality disorder, neurosis, and personality integration scales and a decrease in deviant signs. (Schoel et al, 1988, p.278)

The adventure based approach grew initially from work with young people, both from the early beginnings of Outward Bound seeking to increase the survival skills of young sailors (Outward Bound, 1989) to Project Adventure taking it into the schools (Schoel et al, 1988). In recent years, the application of adventure based processes has continued to develop a following in the youth field, and in relation to personal growth and development, and has expanded into areas such as psychiatric, addictions, organisational development and community development. Derrick (1993) tells us that, "Experience together with reflection and action remain the best teachers of all and encompass the basic principles of community and social work" (p.11).

Knowing how effective adventure therapy is, and that it is a relevant process for social work practice, it makes sense to widen the range of fields in which adventure-based processes are an accepted and appropriately used method of practice. For adventure therapy to become integrated into the field of community and social work, we need to train social service workers to be accomplished in the theory and application of adventure therapy.

Secondly, an impetus was given to developing an adventure therapy-training programme because of my own keen interest and experience in the field. One part of this experience saw my involvement with a research project commissioned by the N.Z. Department of Internal Affairs which used a qualitative research methodology to define the outcomes of an activity-based programme for a group of 9 - 11 year olds. The findings indicated an overall positive outcome in terms of attitude towards school and schoolwork, attitude at home, benefits to the caregivers, participation in community groups, and the self-growth of the participants (Burne et al., 1990). With this and an employment history involving the adventure approach my motivation was strong to establish such a course.

Thirdly, there was an awareness that social service agencies refer young "at risk" people to adventure based programmes with limited knowledge of the programmes therapeutic processes. In New Zealand there exists an extensive range of outdoor opportunities. New Zealand is a long, narrow, mountainous country surrounded by a large expanse of ocean. It has a vast network of rivers and 8 million hectares - nearly 30 percent of the nations total area is classified as National Park (NZ Yearbook, 1996). The land mass of New Zealand is similar to Japan (270 500 sq.km.) but the population is vastly different. New Zealand has 3.6 million people compared to Japan's almost 130 million population. This creates an idyllic environment for outdoor experiences and this equates to a high number of the population being involved in the outdoors.

It also means that many programmes developed for young people involve them in the outdoors, this includes therapeutic programmes. In my experience the therapeutic youth programmes that operate have skilled outdoor instructors and some have skilled therapists. The effective combination of these two approaches is not often found. The value is seen to be in the experience and involvement with the outdoors rather than a therapeutic process. I believe the lack of knowledge about adventure therapy limits the possible outcomes of these programmes and may even lead to negative outcomes. Ryan and Johnson (1972) found in one American study involving same-gender groups:

> An increase in depression, hostility, and anxiety among girls upon their return to hospital. Boys, on the other hand, showed decreased depression, hostility, and anxiety mid-way during the trip, but somewhat increased depression and hostility upon their return to the hospital. (Levitt 1994 cited in Cole et al, 1994, p.131)

It is in no way a given that an outdoor experience is a positive or therapeutic experience. I believe many referring agencies have limited knowledge of the adventure therapy area, which could lead to inadequate and perhaps inappropriate referrals to outdoor programmes.

It is the intention of the Certificate in Social Work (Activity Based) to give social work students a basis of understanding in adventure therapy. From this certificate students will go on to higher level's of training and will either become social workers who refer clients to programmes or in practice as facilitator's of adventure based programmes. Either way they will have some in-depth knowledge about the effective use of the outdoors for young "at risk" people in New Zealand.

How it came to be

In outlining how this qualification came to be developed, it is important to place it in context with the political climate, which existed when the course was established. During the 1990s, there has been a steady increase in the cost of fees for students enrolling in tertiary institutions and an increasing imperative for tertiary institutions to make a profit. The State Owned Enterprises Act 1987 and the Finance Act 1991 moved New Zealand rapidly from a welfare state to a residualist user pays administration. Large-scale restructuring has been a feature of many educational institutions through this period, and an increasing importance has been placed on profitability over educational outcomes. Course programmes that do not run profitably are unlikely to survive, and there is continuing pressure for existing programmes to find creative ways of staying both financially viable and educationally sound. Out of the rubble of this difficult, insecure environment, the Certificate in Social Work (Activity Based) was born in 1995.

A Certificate in Community and Social Work had been in existence at Waiariki Polytechnic for a number of years, in a department providing a range of social science programmes. I had been involved in the certificate programme as a lecturer for two years, and had been incorporating adventure-based elements into the programme wherever possible. Staff had discussed the possibility of developing a programme that focused more fully on the adventure approach on a number of occasions. As the department felt increased pressure to run at a profit without downsizing, we saw an opportunity to develop a new programme that could `piggy back' with our existing programmes. This would bring in a number of additional students with a relatively low increase in the operating costs normally associated with establishing a certificate level programme.

Pure opportunism - but in a good cause.

The possible courses within Waiariki Polytechnic that it could "piggy back" on included: Community and Social Work, Disability Studies, Sports and Leisure, Health Studies, Maori Studies and Adventure Tourism. This obviously had an effect on the curriculum and what would and would not be included in such a qualification. This piggy backing concept would see the activity-based students sitting in on existing classes within a number of different departments. Similar to a first year university lecture which may have a range of students from various faculties.

The final reality saw a limited amount of "piggy backing" possible due to the institutions structure. This meant the cross servicing was predominantly with Community and Social Work, and Disability Studies as these where within the same department. Other areas of teaching were contracted in from local organisations such as "Te Waiariki Purea Trust" who offer outdoor experiences for young people, and national organisations including "Project Adventure New Zealand."

The piggy backing idea is how we gave this programme life, but it is rapidly outgrowing its existing environment. For example, class sizes are becoming unwieldy as the activity-based group has grown from 9 students in 1995 to 16 students in 1997 with an additional waiting list. On their own the size is manageable but when they combine (piggy back) with the other classes, numbers are often around 40. In comparison to University lectures this may not seem large, however Polytechnics pride themselves on small class sizes and our delivery style tends to be facilitative, making use of participative teaching methods. Other issues which have become problematic are budgetary restraints, which can limit the activities chosen and resource people who could be contracted and limited flexibility in curriculum development and the future development of the qualification.

This raises the question, with the course now in its third year, about where to from here? Some suggestions, which are currently being discussed, are the development of a Diploma or Post Graduate Diploma in adventure therapy.

The Curriculum

The Certificate in Social Work (Activity Based) is classified as an "A" level social work qualification (as set by the New Zealand Council of Education and Training in Social Services, NZCETSS). To meet the requirements of an "A" level social work qualification eight core modules must be included these are:

- Treaty of Waitangi
- Human Development
- Aotearoa/New Zealand Social and Political History
- Personal Development
- Ethics and Ethical Practice
- Marginalised Groups
- Fields of Practice
- Practical Placement
- (a module equates to a 30 hour duration teaching unit, with the exception of Personal Development being 60 hours and Practical Placement being 150 hours)

To complete a full-time one-year certificate a minimum of five additional modules are required. These should relate to the field of social work while giving it a particular focus or "major" of your choice - we choose a further eight modules and determined these to be:

- Work Methods
- Personal Management
- Introduction to Programme Design and Development
- Programme Design and Development for Specific Needs
- Trip Planning and Management
- Ropes and Rocks
- Water Based Activities
- First Aid

We also include within the social science programmes four additional modules entitled:

- Adventure Based Social Work
- Nga Mea Maori
- Placement Preparation
- Placement Presentations.

Over the certificate's two years of existence these modules have evolved and developed. The current program lasts 33 weeks over a one full academic year. The 1997 curriculum is classified under the paper titles defined by Victoria University Social Work Department as:

Social Policy: Treaty of Waitangi, Aotearoa Social & Political History
Principles & Practices: Human Development, Fields of Practice, Work Methods, Ethics & Ethical Practice, Adventure Based Social Work
Applied Sociology: Marginalised Groups, Nga Mea Maori
Practicum: Personal Development, Personal Management, Placement, Placement Report
Activity Based: Programme Design and Development for Specific Needs, Facilitation of Adventure Based Programmes, Trip Planning and Risk Management, Ropes and Rocks, Water Based Activities, Outdoor First Aid

The level of this qualification is introductory to the field of Social Work. Most enrolling students have no other tertiary qualifications and may not have had any recent experience in academic study. This level of training expects that graduates will continue their training before becoming Social Work practitioners or other social service professionals. In New Zealand Social Workers are expected to hold a minimum "B" level qualification (as set by NZCETSS), this equates to a Bachelors Degree in Social Work or Masters in Social Work (applied).

I believe the Certificate in Social Work (Activity Based) provides students with a level of knowledge in the adventure based social work field from which they can make choices as to their future training path. It also provides for those students who are involved in some level of social service work with introductory skills, understanding and knowledge in the work they are undertaking. As more graduates come through the certificate course with a keen interest to train in the adventure therapy field, again the question is asked, what steps could or should we be taking within the Polytechnic and within New Zealand to develop higher level qualifications?

Bicultural Framework

An issue, which impacts on the Certificate in Social Work (Activity Based), is that of "biculturism." I would therefore like to briefly discuss the background of this area of the program. Biculturalism is an area that New Zealand has had to address in a very real and direct fashion.

The Treaty of Waitangi is the cornerstone of biculturism in New Zealand. The Treaty was signed in 1840 by William Hobson representing the British Crown, and over 500 Maori chiefs representing the indigenous people of Aotearoa/New Zealand.

In the years following the signing, great injustices occurred largely on the part of the Crown, aimed at colonising the indigenous Maori people. This lead to the near destruction of Maori language, customs and treasures, which were, guaranteed protection under the Treaty. Colonisation and its negative impact are not an issue unique to New Zealand. Oraange (1987) has stated, "In many respects New Zealand, in spite of the Treaty, has been merely a variation in the pattern of colonial domination of indigenous races" (p. 5).

During the 1970s the New Zealand Government began to recognise the Treaty and the injustices that had occurred. The Treaty of Waitangi Act 1975 formally acknowledged this. The honouring of the Treaty in day to day situations is often challenging; biculturalism is seen as one way of honouring the Treaty. The prominence of the Treaty as a contemporary issue in New Zealand society today is evident in recent controversial words by a Member of Parliament, Tariana Turia,

> The Treaty of Waitangi is far more important to this land than the Magna Carta, the UN Charter, or even the Ten Commandments. The Treaty was the nation's founding document, which made New Zealand unique because it originates from this land, and the people who belong here. (Daily Post, 1997, p. 3)

This places the Treaty as a key issue for all areas of society, and directly relevant to education and social work.

The effects of colonisation are evident in the over representation of the indigenous people in negative social well-being indicators, such as criminal convictions, poor health status and welfare involvement. The Oxford Dictionary (1990) defines Social Work as, "work of benefit to those in need of help or welfare." Given that there are indications that the indigenous people are "in need of help or welfare" this has implications for the training and education of social workers.

Relating social work to adventure therapy, defining therapy as, "contributing to general well-being, esp. mental well-being of people" (Oxford, 1990), I believe there are implications for the role and expectations of adventure therapists in working with indigenous people. I see this as an exciting challenge for the field, as it has been for the Certificate in Social Work (Activity Based) which, despite some good intentions, operates in a monocultural institution, which is governed by a monocultural political system within a monocultural society.

Waiariki Polytechnic has chosen to address the issues in the Treaty of Waitangi by stating a goal of providing a bicultural education to all students. The Polytechnic's mission statement reads: "Waiariki Polytechnic leading the way in innovative, quality education, provided within a bicultural framework and developed in partnership with community" (Waiariki Polytechnic Mission Statement, 1991). In the classroom this equates to teaching and supporting cultural values and customs. Fortunately the adventure approach connects almost completely with Maori traditional ways of working and learning. Some examples are:

- Maori people tend towards a holistic approach to education.
- Learning in groups is favoured over individuals working on their own.
- Knowledge belongs to the group, and is to be used in the service of the group.
- Knowledge is pooled and things worked out in group discussion.
- Maori adults tend not to prepare learners for problems beforehand, they prefer to stress the positive side of things, and leave learners to make their own mistakes.

- Much significant Maori teaching occurs ad hoc, as and when the need arises.
- Learners are encouraged to learn by doing. (Whakamana Tanga, 1996, p.83).

It appears that many of these group-based traditions are typical of a number of indigenous cultures in the world. (Dixon, 1995). These connections provide opportunity within a course programme to select adventures that meet adventure therapy goals within a context of cultural meaningfulness.

One example from the Certificate in Social Work (Activity Based) is the adventure selected for the water-based module. The students went on a 4-day canoe journey down the Whanganui river guided by the Tangata Whenua (Maori people of that area). The Tangata Whenua have been working proactively to reclaim the river which was wrongly taken by the Crown. Along the river the students stayed at occupation sites, which have been reclaimed as ancestral lands. The many rituals and protocols of the Maori world were embarked upon. The students also became fully immersed in the current issues of social justice while tackling white water challenges in a place of spiritual significance and majestic scenery.

Their experiences and learnings from the Tangata Whenua lead them to explore their own role in terms of biculturalism. They began to conceptualise the words from Paulo Freire: "Washing ones hands of a conflict between the powerful and powerless means to side with the powerful not to be neutral" (Freire, 1996).

Another Adventure saw the 1996 graduating students retrace the steps of a respected Maori explorer and ancestor "Ihenga." The Waiariki Polytechnic's ancestral house takes the name of Ihenga and these students were the first to graduate from this house of cultural significance. The students ran in relay from the landing site of the Te Arawa waka (ancestral canoe which bought them to Aotearoa/New Zealand), retracing the steps of Ihenga to the recently opened house where they then graduated. This journey bought an added cultural significance to the graduation.

Bicultural practice has many levels and the journey to creating a truly bicultural qualification is a long and complex one. The certificate begins to address some of these areas and it will continue to develop towards the gaol of honouring the Treaty of Waitangi. I believe the opportunities for "indigenous based adventure therapy" (for want of a better phrase) has exciting potential. With indigenous people having strong connections to the land and environment and a group oriented social structure, this area certainly warrants further development.

To conclude, I hope I have conveyed in this paper that the development of this qualification has been a challenging and rewarding experience. I also hope that the sharing of our experiences may be of assistance to others contemplating the development of such a programme. I eagerly look forward to future opportunities to work with others in developing qualifications that will help us meet the goals of enabling adventure therapy to become an accepted and appropriately used approach in the social services field.

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Section II

Facilitating Adventure Therapy

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12

Facilitating Processes of Metaphor Change: Envisioning Behavioral Alternatives

By Johan Hovelynck

This paper invites the reader to explore a view on experiential learning as a process of metaphor change. It explores the development of generative metaphors as it occurs in outdoor programs as well as elsewhere, and discusses what this may imply for the facilitation of experiential learning in adventure education and therapy. I will suggest that current literature overemphasizes facilitators' metaphoric introductions to adventure activities at the expense of interventions at the moment learners' metaphors manifest themselves in the experience.

Perspectives on Metaphors in Adventure Education

In an earlier paper I described how the metaphoric frontloading model as it is known in adventure education holds a perspective on metaphors that emphasizes the trainer's or therapist's introduction to an adventure activity, rather than the learner's or the client's guiding principles during their actions (Hovelynck, 1995). Two issues seem relevant here. The first one concerns the "ownership" of the metaphor (Mack, 1996; Delay, 1996), the second one whether metaphors are primarily looked at as "figures of speech" or "figures of thought" (Lakoff and Johnson, 1980).

Several authors have drawn attention to participants' metaphors (Nadler & Luckner, 1992; Hovelynck, 1995; Nadler, 1995; Mack, 1996; Schödlbauer, 1996) thereby, more or less explicitly, questioning the central position the metaphoric frontloading approach attributes to facilitator defined metaphors. Their concerns revolve around how emancipatory and holistic, and ultimately how "experiential" adventure education is or wants to be. Research on metaphors in therapy tentatively supports their focus on learners' metaphors (McMullen, 1989).

Their attention to learners' metaphors coincides with a view on metaphors as "figures of thought" rather than "figures of speech." Whereas, the metaphoric model's emphasis on "dressing metaphors" suggests that metaphors are stories, learners' metaphors are seen as mindsets which capture participants' experience and as such underlie their "here and now" actions. Metaphors in this view are guiding images, reflected in language as well as other behavior.

Experiential learning can then be understood as a process of metaphor change, and the task of experiential trainers and adventure therapist consists primarily of facilitating the development of images that generate new potential, or "generative metaphors" (Schön, 1993).

This paper focuses on the process of metaphor change as it occurs within adventure programs and elsewhere, and subsequently on guidelines for facilitating experiential learning as they follow from my understanding of this process.

The Process of Metaphor Change

Schön (1993) has described the process of metaphor change, and distinguishes different stages in the development of new, generative metaphors. He refers to the first stage as "immersion in the experience," a stage of active involvement in getting a job done, solving a problem, discussing some issue.

The second stage happens in the midst of this activity as a generative metaphor is "triggered." Schön describes it as a sudden image characterized by an "unarticulated sense of similarity" within the experience. There is a sense for the participant that the image is relevant, but the participant has no explicit idea on how it is relevant, and what its practical implications are.

The third stage involves this new perspective which brings along a new vocabulary, and a stage of "naming and framing" in which the experience is re-presented in different words. This stage results in an "explicit account of similarities." Elements of the new image are now "mapped" onto the lived situation, and offer a new perspective on the job, problem or issue at hand.

The Development of Task-Related Metaphors in Adventure Activities

I became interested in the process of metaphor change as it occurs in participants' approaches to several adventure activities, and found Schön's stages to be very recognizable in several program events. The "triggering of the generative metaphor" is left without much context however, and deserves further exploration. The preliminary conclusions reported and documented in the presentation result from my observations as a facilitator.

The metaphors that seem easiest to document are task-related; they hold perspectives on the task to be tackled or the materials available for doing so. To some extent these perspectives set the problem that participants subsequently try to solve (Schön, 1993). Observing such task-related metaphors develop in a variety of activities suggests that generative metaphors are triggered when the "immersion in the experience" is combined with a feeling of "stuckness."

As participants' approach to the task proves ineffective or dissatisfying, they try to cope with their frustration in different ways. One of the coping strategies is joking, and often the joke carries a new image. Its generative character often remains hidden because the joke remains merely an opportunity to release tension. If the new perspective is carried into further task resolution however, it tends to open up new, more effective and satisfying options.

Another way to cope with the growing frustration is to take a break, and forget about the task for a moment. It seems this interruption is a chance to break with the logic that has dominated the group's work as well as with the frustration this logic lead to. New metaphors seem to regularly come up right after breaks.

Once triggered, the new metaphor enters the creative stage of its development: it acquires its potential through a process of progressively "mapping" vaguely sensed similarities. This is reflected initially in participants' renaming the activity or the materials provided. They attune their understanding of the new image, and in doing so — to some extent — articulate a new problem setting. Once the new problem setting is defined, problem solving seems pretty straightforward.

Altering "the Metaphors We Live by"

Obviously, participants do not attend our programs to change their perspectives on some outdoor exercise. The development of task-related metaphors is an opportunity for participants to learn about the process of metaphor change (as it is for facilitators) and thus represents an entry to working with the "life metaphors" (Lakoff & Johnson, 1980) or "root metaphors" (Srivastva & Barrett, 1988) they did come for. These include images of one self and others, views on relationships, assumptions about communication and conflict, visions of one's future, and related issues.

"Root metaphors" are central metaphors shared among group members, evolving with a group's development. Representing the group's shared experience of itself and its environment, they can be understood as a group's "life metaphors." As the interacting group members enact these metaphors, their images hold restrictions as well as potential, and groups can get 'stuck' in their view of their situation. I found the stages of metaphor change described above to be a sensible reference for facilitating the development of generative root metaphors, even though issues of group functioning add significant complexity to the process, and mostly involve multiple intertwined metaphors.

The change of individual "life metaphors" seems somewhat easier to trace, despite the process' tacit character. Exploring indicators of stuckness repeatedly reveals "fixed images" (Leuner, 1977) or rigid metaphors. The participant's frustration may be followed by attempts to rename and reframe their "here and now" situation, and if the cycle of metaphor change is ran to completion it will eventually generate new options.

Facilitating the Development of Experiential Metaphors

Indicators of stuckness seem to mark an entry to the process of metaphor change, as well as an increased receptivity to intervention (Greenberg, Rice & Elliott, 1993). Facilitator intervention then primarily consists of guiding participants to the completion of processes of metaphor change. This involves attending to the different stages described above, and may include gentle persistence when participants tend to quit the process prematurely. This approach has common grounds with the model presented by Nadler (1995) as "edgework." If one takes into account that it is not the edge of the cliff, but the edge of the metaphor matters, and that this edge can be encountered during a conversation or while preparing a meal just as well as in any adventure activity.

This approach reframes the issue of directiveness versus non-directiveness in facilitation as an issue of directing contents versus processes. The facilitator directs participants' attention to the metaphors they present and the potential these metaphors generate; he or she supports a change process. It seems essential however that the metaphor itself remains defined by the participant as the experience's agent, and being directive at the level of the metaphors' contents is considered to be a "non-experiential response mode" (Greenberg, Rice & Elliott, 1993).

As metaphoric introductions present facilitators' interpretations of events, they fall into this category of non-experiential interventions. While they may represent helpful additional "response modes" in experiential education, there are at least three problems associated with the central place isomorphism and metaphoric frontloading has acquired in adventure education and therapy (Hovelynck, 1995; Mack, 1996; DeLay, 1996). First, facilitating participants' discovery of the potential and the restrictions created by their construction of reality, implies a focus on the learners' own frontloading. Metaphoric introductions risk distracting clients from their own frontloading by presenting them with facilitators' reality-constructions. Second, this risk is increased by presenting this construction as an introduction as early intervention can create premature closure of the clients meaning-creation process (Greenberg, 1992). Finally, metaphoric introductions as we know them from the literature on adventure education and therapy tend to present "mapped metaphors," thus leading straight to the end of the cycle of metaphor development. I believe new metaphors ultimately draw their potential from the creative process leading up to them. As such the "triggering" and the unfolding "mapping" of the metaphor are crucial stages in the development of generative metaphors (Schön, 1993), and should be attended to rather than be skipped.

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13

The Seventh Generation in Adventure Therapy

By Christian Itin, MSW, Ph.D.

Abstract

This article introduces the seventh generation of facilitation in adventure-based experiential education. Hypnotic language forms the basis of this next generation and provides a powerful tool for the transfer of learning in adventure therapy. This next generation allows the therapeutic adventure practitioner to use the experiential language of the client to enhance the isomorphic connections of the adventure activity and to draw upon and develop the unconscious resources of the client to support the goals of the client. This article provides a basic outline of hypnotic language and examples of its use in adventure therapy.

Introduction

The field of adventure therapy has undergone continual evolution in the processes we have used to enhance the transfer of learning (Bacon, 1983; Gass, 1995). The most profound evolution took place as we began to consciously use metaphor in the introduction of the activities that serve as the vehicle for our work (Bacon, 1983). Most of our understanding of the metaphoric introduction to adventure activities can be linked to the work of Dr. Milton H. Erickson (Bacon 1983; Gass 1991; Itin, 1993). However, most practitioners[1] in the field of adventure therapy are unaware that Ericksonian metaphor is rooted in hypnosis and hypnotic language. Priest and Gass (1995) have suggested a six generational model for understanding the evolution of the facilitation processes in adventure-based practice. Itin (1995) introduced the seventh generation as the use of hypnotic language (See Figure 1).

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[1] Practitioners for the purposes of this article refer to anyone using adventure-base experiential education as a part of a process directed at therapeutic change. It may include those who consider themselves adventure therapists, adventure-based counselors, wilderness therapists, instructors, or related titles.

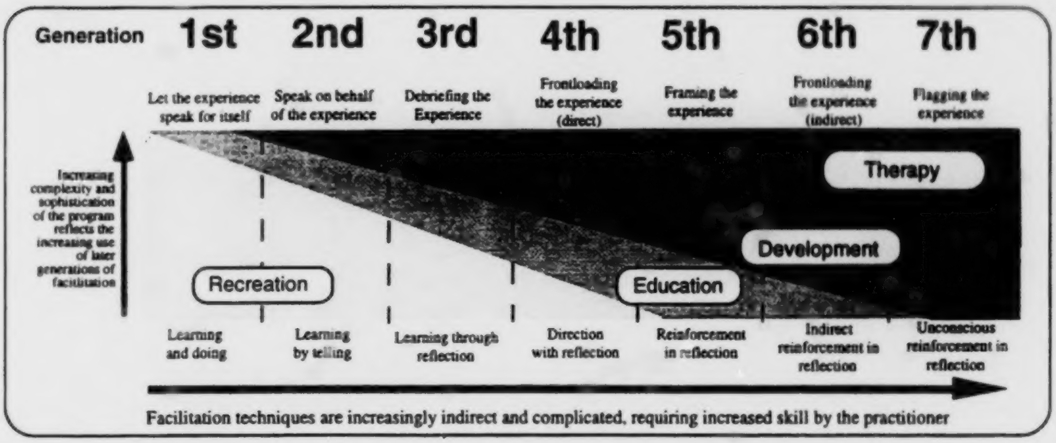
Generation
1st
2nd
3rd
4th
5th
6th
7th
Let the experience speak for itself
Speak on behalf of the experience
Debriefing the Experience
Frontloading the experience (direct)
Framing the experience
Frontloading the experience (indirect)
Flagging the experience
Increasing complexity and sophistication of the program reflects the increasing use of later generations of facilitation
Therapy
Development
Education
Recreation
Learning and doing
Learning by telling
Learning through reflection
Direction with reflection
Reinforcement in reflection
Indirect reinforcement in reflection
Unconscious reinforcement in reflection
Facilitation techniques are increasingly indirect and complicated, requiring increased skill by the practitioner

Figure 1. Seven Generations of Facilitation adapted from Priest and Gass.

This paper further explores the use of hypnotic language in adventure therapy. The basic components of hypnotic language and their place within an Ericksonian approach will be explored. Consideration will be given to using hypnotic language as a means of strengthen metaphoric connections and enhancing the change process in adventure therapy.

There are many misconceptions about hypnosis, from it being a stage performance to it imposing commands upon others. Hypnosis is best understood as an intentional process in which a person is helped to access a natural state of trance. At the most basic level a trance is simply the absorption of a person in an experience, feeling, thought, or event (Geary, 1994; Erickson, 1992). Those involved in adventure experiences will understand the trance state that naturally develops when engaged in an adventure activity. Remember a time when you have skied (or snowboarded) fresh powder, caught a wave, been rock climbing, or paddling a stretch of river and the time appears to disappear, you don't hear what is going on around you. Or perhaps you are so focused on the activity that every movement you make is crystal clear, a smooth fluid motion. This is a natural state of trance. When you are so involved in the activity that the awareness of what else is going one fades away or your experience of the event becomes so intense.

Hypnotic language becomes a tool for increasing this natural absorption in the activity. When a person enters a state of trance the conscious mind becomes absorbed in the experience so that the unconscious mind is more accessible or available (Geary, 1994; Erickson, 1992). In trance a person is more open to the learning available on a conscious and unconscious level (Zeig, 1992b).

Within an adventure therapy context, clients often become naturally absorbed in an activity (such as climbing, being on a ropes course, solving a problem, or even reflecting on a solo). The use of hypnotic language can help the client to increase the natural absorption or trance that a client may be experiencing during an activity. This increased absorption allows the client to be more open to the learnings at a conscious and unconscious level. It allows the client to be more open to the direct and indirect learnings available in the activity. It also allows the practitioner to speak more directly to the unconscious and encourage healthy action by the unconscious. Therapeutic hypnosis helps guide a person in the direction of trance, for therapeutic change.

Ericksonian hypnosis must be understood within the context of Ericksonian psychotherapy. Itin (1993) introduced a model developed by Jeffery Zeig for

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understanding the Ericksonian process. Figure 2 presents this model for the reader. The heart of this model is understanding the therapy process as an exchange of gifts between clients and the therapist. The client presents the gift of the problem or exhibits the problem behaviors. The therapist must receive this gift and present a gift in exchange that is the solution to the problem. Resistance for example in an Ericksonian process is not a problem, rather it is a gift of information and therapist must present a solution that will be received. Tailoring (making the intervention unique to the client) and giftwrapping (presenting the solution in a way that is unique to the client) are essential components in the gift giving process. Ericksonian hypnosis fits into this model in that it emphasizes utilizing the clients own language and permissive language (language that encourages client choice). The therapist builds on the client's strengths and natural ability to enter trance. The trance is a part of the gift giving process and it is a method for increasing the chance that the gift will be received.

A final piece that must be understood about Ericksonian psychotherapy is the conceptualization of the unconscious which trance taps into. Unlike psychodynamic conceptualizations of the unconscious being a repository of repressed memories, Ericksonian psychotherapy views the unconscious as a place of untapped resources and strength (Ewen, 1998). Utilizing trance and hypnotic language allows a therapist to help clients tap into the unconscious resources that can used by the client to make the changes sought.

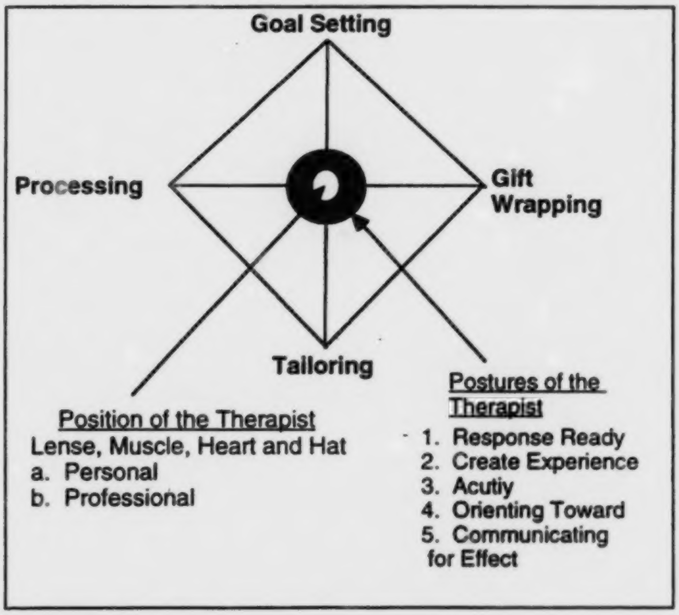
Goal Setting
Processing
Gift Wrapping
Tailoring
Position of the Therapist
Lense, Muscle, Heart and Hat
a. Personal
b. Professional
Postures of the Therapist
1. Response Ready
2. Create Experience
3. Acutiy
4. Orienting Toward
5. Communicating for Effect

Figure 2. Zeig's Model of Ericksonian Psychotherapy.

An Introduction to Hypnotic Language

The basic model of Ericksonian hypnosis involves the "ARE" model (see Figure 3). The process involves absorbing a person in an experience, ratifying that absorption, and eliciting the resources of the client to address problematic situations. The absorption of the client in a story, memory, perception, sensation, hypnotic phenomenon, or experience is accomplished by first developing a "Yes Set" within the person. The "Yes Set" is a way to build cooperation and demonstrate respect for a client. It is based on the premise that once you begin to get a person saying yes it tends to continue (Geary, 1994). The "Yes Set" is developed initially by utilizing "truisms." Truisms are statements that are necessarily true. Using truisms allows one to develop cooperative agreement with the client. These truisms are determined though the observation of the practitioner and the utilization of the minimal cues that the client provides as to their experience (Itin, 1993, Zeig, 1992). As the practitioner observes the client in their experience these observations are shared. Truisms can be divided into two primary forms, those that are absolutes and those that are possible (see Figure 4). It is impossible for a client to answer no to an absolute and it is almost certainly possible to answer yes to a possible truism. A client can not deny that they are breathing or on the ground and they probably could hear sounds or notice their breath. The client will likely answer yes to possibilities because of the permissive language. Permissiveness is one of the hallmarks of Ericksonian hypnosis. Words like "can, may, and might" allow the client to choose if they will notice those things. However, the client can't deny that they could choose to pay attention to those truisms.

1. Absorb - the person in a story, memory, perception, sensation, hypnotic phenomenon, or experience.
2. Ratify- what the person is doing, support their absorption in an event.
3. Elicit - resources from within the person to be brought to bear on addressing the symptom or the problem

Figure 3. The "ARE" Model of Hypnotic Induction

1. Absolutes: Statements are experientially certain.
Examples:
"You are breathing."
"You are standing on the ground."
2. Possibilities: Statements that suggest possibility through permissive language (Geary, 1994).
Examples:
"You can hear the sounds around you."
"You may notice the change your breathing."
"You might notice the touch of hands on your body."

Figure 4. Types of Truisms in Hypnotic Language

Truisms can also be focused on two experiential arenas (see Figure 5). The "here and now" statements help the client to become absorbed in the current process that is going on or their experience of the process. The "there" statements begin to draw upon the internal resources of the person to overcome the problem. Truisms can also be focused at three different levels of specificity (see Figure 6). Staying at the most general level prevents one from getting a "no" from a client. It also allows the client to experience what ever they are experiencing with little influence from the practitioner. The more specific one becomes in truisms made the greater the chance that one will not be absorbing the client in their "truth." The specificity comes from using the experiential language of the client, their words, phrases, experiences, feelings, etc. However, the more specific one is the more the client will become absorbed. The more the practitioner is with the client's experience, the more the client will focus on the suggestions of the practitioner.

1. Here and Now: Statements about events that are, or possibly are occurring in the present.
Examples:
"You are on a the high beam."
"You might notice the breeze in the trees."
2. There: Statements that comment on memory or fantasy (Geary, 1994).
Examples:
"You can remember a time when you felt less scared."
"You might imagine yourself accomplishing this."

Figure 5. Experiential Arenas of Hypnotic Language

1. Level 1 -- Most general
Visual (V) -- Images. -- "You can see the sights." "You might be aware of images."
Tactile/Somatic (T/S) -- Feelings/sensations. -- "You can notice the feelings."
Auditory (A) -- Sounds. -- "You might hear sounds."
Olfactory/Gustatory (O/G) -- Taste and smells. -- "You might perceive some smells."
2. Level 2 -- More specific
V -- Colors, shading, light (bright and dark), shapes, objects, movement, distance/direction. -- "You can see the colors and notice the movement."
A -- Volume, pitch, tone, timber, intensity, quality, relationship, tempo, rhythm. -- "You notice the rhythms of the sounds."
T/S -- Temperature, texture, pressure, moist, dry, movement, hard or soft, weight. -- "You feel the temperature of the air on your body."
O/G -- Bitter, sweet, sour, salty. -- "You smell the sweetness in the air."
3. Level 3 -- Most specific
Specifics from the clients experience (Geary, 1994).
V -- "You can see your red Honda."
A -- "You might remember the sounds of the gears on the bike."
T/S -- "You feel the harness around your waist and you legs."
O/G -- "You can taste the salt water in your mouth."

Figure 6. Levels of Specificity in Hypnotic Language

The ability to assess the client's needs, motivations, goals for change, and knowledge of past experiences greatly enhances the practitioner's ability to be specific in the level of truisms. Furthermore, It is the practitioner's skill in observing the client and picking up the minimal cues that are shared that allow the practitioner to enhance the client's absorption in an experience. The "ARE" model assumes the basic skills of observation and prediction discussed in Zeig (1992) and Itin (1993). Without these basic skills the practitioner is able to use the most general aspects of hypnotic language to help direct a client's absorption in an experiential activity. This general level will help a client to be absorbed in the activity, but will lack the fullness of more specific observations.

The ratification of a client's experience is based on giving positive reinforcement as the client works on developing the absorption in the experience. This may include noticing as a client becomes absorb, perhaps after a statement such as "you can notice breath" the client takes a deep breath the practitioner say's "that's right" or "good," reinforcing the clients absorption in the experience. The ratification of the client's experience also reinforces the client's willingness to follow suggestions from the practitioner. The client's willingness to listen to the practitioner is crucial for the practitioner to elicit specific responses from the client.

The elicitation of responses or the suggestion of possible actions enables the practitioner to support the client in drawing upon and developing those unconscious resources for change that are needed. As the client becomes absorbed in the experience the unconscious is more open to suggestions. These suggestions are what help the client move in the direction of change they have indicated they wish to move in. The delivery of suggestions is accomplished primarily through he use of three linguistic patterns (see Figure 7). These linguistic patterns provide a powerful way of delivering suggestions and linking them to the absorption process. The linking to observation needs to make no sense logically (e.g., Since you are hearing my voice and are doing this activity, you can feel even more relaxed) (Geary 1994). Hearing my voice has nothing to do with being more relaxed and makes no sense logically (or on a conscious level). However, unconsciously the client is in a "yes set" and can notice all those things and can be more relaxed if they choose to.

1. Conjunction (and, but, etc.)

    "You might notice your breath as it goes in and out and you can take a deep breath."

2. Implied Causative (since, as, while, before, during, after etc.)

    "Since you are hearing my voice and are doing this activity, you can feel even more relaxed."

3. Cause/Effect (makes, causes, forces, etc.)(Geary, 1994).

    "You can notice the sounds as people move to support you, and it almost forces you to be more relaxed."

Figure 7. Linguistic Patterns in Hypnotic Language

The five elements of hypnotic language can be identified in the following example. This example demonstrates the general use of hypnotic language in the activity "Blade of Grass":[2]

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[2] The blade of grass has also been referred to as wind in the willow or a trust circle. It involves an individual standing in the center of a group of people. The group supports the person as they fall back into the arms of the group. The group usually moves the person back and forth and around the inside of the circle. A complete description is available in Rohnke (1989).

> You are in the center of this circle and you can notice the sounds. You might notice your breath as it goes in and out (said in time with the person's breathing) and you can take a deep breath. That's right! When you're ready to fall you'll ask the group if you can trust them and when you've gotten a response you can trust, you'll count to three and fall. (Client does this.) And you notice the hands as they support you. You can notice the way that feels and you can allow yourself to relax. You can notice the sounds as people move to support you and it almost forces you to be more relaxed. And you might notice the pleasant thoughts that come and the feelings that they bring up. Since you are hearing my voice and are doing this activity, you can feel even more relaxed. And you can notice that you can be relaxed and stiff at the same time. Your feet are still on the ground, your arms are still crossed and you can notice being relaxed and trusting the group to support you. (And the process might continue in this way.)

In this example you can notice all the elements of hypnotic language. The elicitation in this example is a suggestion in the direction of relaxation and trust. The suggestions are both in the direction of trance as well as a therapeutic intent. In this example the therapeutic intent is relaxation and trust. The client is absorbed in the physical sensations of the process and ratified when they take a deep breath. This entire process seeks to deepen the client's experience of the activity and could be used to address specific issues of the client.

Therapeutic Application

Within the adventure-therapy process we are often interested in helping clients make some important changes in their lives. We use adventure activities for the purpose of helping clients to make these changes. Hypnotic language can help clients to become further absorbed in the activity and more open to the learning available. The metaphors inherent in an activity may be more available to the client's unconscious when the activity is flagged with hypnotic language (Itin, 1995).

While hypnotic language can be used to enhance the transfer of learning from the experience around a specific therapeutic goal. This therapeutic goal is best formed with the client, or an agreed upon goal of the program that client is participating in. Hypnotic language allows an activity to become more isomorphic for the client by using their own experiential language and fully absorbing them in the activity. The activity is tailored and giftwrapped to the client's specific needs and way of processing the world (Itin, 1993; Zeig, 1992) It also allows the client to draw upon and develop unconscious resources that can be used to support the change process. This ability to help develop internal resources that can be drawn upon to effect change is extremely consistent with the strength-based and resource development aspects of adventure therapy.

An example of utilizing hypnotic language to deepen a client's experience of an activity and uses it to work on specific client issues is available through the trust fall.[3] The trust fall is often introduced metaphorically with a frame of letting go of something and leaving it behind as the person falls into the support of the group (Bacon, 1983). In the treatment context this is often letting go of a behavior, attitude, or belief that is blocking or hindering treatment. Additionally the client is often asked to choose a healthy behavior or a behavior that will help them in treatment to replace what they are letting go of. The client is often asked to share both what they are letting go of and what they want to replace this with before doing the trust fall. This provides the practitioner with much of the experiential language of the clients and some of the specifics of the client's experience. The following is an example of utilizing hypnotic language to deepen the metaphor of letting go.

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[3] The trust fall involves a person standing approximately four feet off the ground. The group forms a human net with their arms with the person will then fall into. A complete description can be found in Rohnke (1989).

In this example the client is a recovering addict who is choosing to let go of the resentment toward his father for not being available to him as a child. He has identified feeling abandoned by his father because of his father's drinking. His resentment has been expressed in a fear of intimacy and a reluctance to allow others to support him. He has chosen to replace this resentment with forgiveness. The specifics of the identification of this goal and readiness to work at this level must be understood as resulting from an ongoing assessment process. This level of working with the client comes after several sessions working with the client in which these issues have been explored with the client in both a group and individual level. Material has been gathered from peers and their experience of the client as well as treatment staff and their experience of the client.

> John, as you stand on the platform and the group gets ready to support you, you can take some time to think about what it might mean to give up the resentment toward your father. You might notice the sounds of the group lining up, and my voice as I talk to you, but you can still focus on what you have chosen to give up. You may pay attention to your breath and the memories that come and you can really get in touch with that resentment. You might allow yourself to remember what it felt like when your father drank. You might allow those memories to come and the times you felt abandoned. That's right John. You can allow whatever emotions to come to the surface. And John as you get ready to let go of the resentment and fall into the support of this group, you can begin to think about what it will be like to feel forgiveness. It might be difficult to let go of the resentment and fall into the support that is here for you. You might imagine yourself no longer being resentful and allowing others to support you. As you forgive you may be able to allow others to be there for you. When you are ready you will check with your "sponsor" and count to three before falling. When you are really ready to let go of that resentment, you will let go. (After the client has fallen the practitioner should encourage the group to cradle the client and additional hypnotic language can be used support the changes the client has indicated they want to make.)
>
> John you might notice the support of the group, notice that there are hands supporting your back and your legs and your head. As you are supported, you might allow yourself to accept this support, and as you accept this support you can accept the forgiveness. You can allow yourself to be supported in forgiveness. You might notice what it feels like to be supported in this way. (This process might continue for a few moments and then the client can be stood up.)[4]

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[4] A verbatim of this introduction was first published in Bacon (1983).

This example illustrates utilizing the client's language and posing permissive questions in the direction of the client's goal. The client is encouraged to move inward and to focus on the memories that come up as they think of the resentment. The client is encouraged to experience the emotions of the past experiences as they begin to let go of the resentment. Finally the client is encouraged to move toward the forgiveness and how this might allow him to let others support him. This use of hypnotic language reinforces the metaphor of the activity and helps build the isomorphism of that experience. In theory, if the isomormism of the activity is increased then the transference of the activity should also be increased (Gass, 1991).

The client has both an internal and external experience of letting go of resentment and of receiving and letting in support. The on going process of assessment characteristic of good therapeutic work would encourage the practitioner to explore if John is continuing to allow others to support him. If John demonstrates more acceptance of support in future actions then the practitioner will know that there has been a transfer of learning. Furthermore, the practitioner can reinforce the subtle changes that are observed from the activity. Future activities (or other therapeutic sessions) are used to build upon this experience. The resources that were developed (the ability to forgive and to accept support) are available to the client in other situations. The practitioner can help the client to remember and draw upon those resources on both the conscious and unconscious level. If changes are not observed the use of hypnotic language has planed the seeds and oriented the client toward the goal they have indicated they want to work on. Future activities can continue to reinforce this direction.

A second area that hypnotic language can be extremely helpful for clients are in those situations where the client is absorbed in fears (such as on a ropes course or while rock climbing). The use of hypnotic language can ground the client and help them to find the internal resources to move through the activity. By accessing unconscious resources within the person the client can have an experience of moving through the fear. They need not be paralyzed by the fear or prevented from taking action. Often clients have a profound fear of the unknown and this fear prevents them from taking the steps they must take in their recovery (healing). Hypnotic language can help a client to take manageable steps and to build on their own inner resources.

Conclusions

Much of the work to date in adventure therapy has focused on helping clients become more conscious of the process and the transfer of learning. The use of hypnotic language and hypnotic methods are more directed toward the unconscious support and reinforce of the clients inner strength. As we become more developed as a profession the techniques we utilize will also become more developed. Hypnotic language requires more training and development on the part of the therapist then many of the other techniques we use.

Clearly there are ethical considerations with any facilitation method. This method because of its work with the unconscious and with suggestions directed toward the unconscious demands that practitioners are clearly grounded in the ethics of the profession. The Ethical Guidelines of the Therapeutic Adventure Professional Group clearly state that practitioners should only use methods with which they are competent. Furthermore, the guidelines make it clear that practitioners should only practice in areas in which they have competence. If a practitioner is truly engaged in therapy and wants to fully use hypnosis, they should consider specific training in hypnosis. However, if the practitioner is focused on the best interests of the client and is receiving proper supervision, hypnotic language can be a useful tool. The key is to use the language in a manner that is consistent with one's e level of training and competence. Staying at a general level directed more toward therapeutic change (moving in a healthy direction) rather then toward therapy (moving toward meta change) will allow a practitioner remain ethical (Itin, 1993b)

This article provides a beginning framework from which to understand and apply hypnotic language in an adventure therapy context. The use of this language can help clients by providing them with direction at the unconscious level for them to move in the direction that they want to move. These markers can help in building stronger isomorphic links thereby increasing the transfer of learning from the adventure experience to the client's everyday life. It is hoped that the adventure therapist will consider the application of this facilitation (giftwrapping) technique in their work with clients.

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14

Gestalt and Adventure Therapy: Parallels and Perspectives

By Rüdiger Gilsdorf

"Anyone who has taught an Outward Bound course is aware that the spirit of a course often seems to move beyond the capabilities of the human beings involved" (Bacon, 1983, p. 54). Steven Bacon's impression is probably shared by many of us in the field of experiential and adventure education. We all have experienced moments of intense feelings, of connectedness, achievement and sometimes magic. And usually we would have trouble explaining what exactly happened, which actions, dimensions and factors in the field did most to influence this particular learning experience.

Adventure education is more than a set of challenging activities and it certainly is not a technical application of sophisticated methods. Some of its power is probably due to the closeness with nature, to the potential of wilderness as a healing place (Miles, 1993). But not always are we working close to nature, and even if so much depends on how we orchestrate the wilderness or adventure experience (Handley, 1997). My belief is that intuition plays a crucial part in the facilitation of experiential learning. But intuition is not simply a gift. It can be developed in an experiential process that is by experiences and the reflection upon those experiences. Existing frames of thought - theory - can guide the reflection in a helpful way. And in the process of developing a common language of what we are doing "intuitive knowledge must be translated back into concepts and models in a way that a connection with experience is kept" (Fuhr & Gremmler-Fuhr, 1995, p. 208, transl. rg).

Many links between adventure-based education and psychological schools or therapeutic concepts have been proposed including: Alfred Adler's individual psychology (Heckmair & Michl, 1993), Helmut Schulze's bordersituation therapy (Amesberger, 1992; Heckmair & Michl, 1993), Steve de Shazer's solution focused approach (Gass & Gillis, 1995), Milton Erickson's utilization approach (Bacon, 1993; Itin 1995), and social learning theory and systems theory (Davis-Berman & Berman, 1994). For the emerging field of adventure therapy such links will be even more relevant. Schoel, Prouty & Radcliffe (1988) argue that for adventure based counseling "the range of possible theoretical underpinnings is wide" (p. 26), while Amesberger (1992) points out problems that might arise if approaches from humanistic psychology and behaviorism with their different and somewhat contradicting philosophical background are mixed together.

Humanistic psychology itself is a wide and diverse field. A closer look at this field might show that it has a lot to offer in terms of a framework for adventure education and in particular for adventure therapy. Humanistic psychology and experiential education have common roots and share common visions. In the following I want to illustrate this for one of the branches of humanistic psychology: Gestalt therapy.

Gestalt

Explaining Gestalt therapy could easily fill a lengthy article in itself. In essence, one might say that it is an approach to therapy, which tries to deal with personally significant themes in a way that they are brought back to life. Gestalt therapists have therefore developed or adapted a spectrum of methods, and as Gestalt-work can be quite dramatic sometimes, these methods seem to have drawn more attention than their underlying principles. In this paper however, I will not encourage using Gestalt-methods in adventure therapy. Rather I'm following Laura Perls (1989), one of the co-founders of Gestalt-therapy, who argues that "Gestalt-therapy offers a philosophical framework, within which different therapeutic techniques can be applied"(p. 177, retransl. rg). "The fundamental ideas of Gestalt therapy are rather philosophical and aesthetic than technical. Gestalt therapy is an existential-phenomenological approach and as such experiential and experimental" (Perls, 1989, p.107).

Thus I will try to elaborate concepts that Gestalt therapy and the philosophy of experiential education have in common. I will elaborate on the implications these concepts have for the further development of experiential education and adventure therapy. The proposed concepts in this paper are very much interrelated with each other and of course the chosen structure can only be seen as one among many possibilities. However, I hope that the paper might be helpful in the attempt to clarify our basic working principles and to strive for consistency in the experiential approach.

A final word concerning semantics in this paper: I will most often refer to adventure education, yet I do not distinguish very clearly between the terms adventure education, experiential education and adventure therapy. Roughly, I see adventure education as an expression of the philosophy of experiential education. Adventure therapy is pragmatically understood as the therapeutic applications of adventure education rather than a new school of therapy. I will also use the term Gestalt, referring principally to Gestalt therapy, but also to the earlier movement of Gestalt psychology and the more recent Gestalt education. In this sense, Gestalt theory is a body of thought that is rather spread out than condensed in one systematic framework.

The Challenge of Growth

"The average person of our time, believe it or not, lives only 5% to 15% of his potential at the highest...So 85% to 95% of our potential is lost, is unused, is not at our disposal" (Perls, 1969, 31). Other than psychoanalysis with its prevailing emphasis on the understanding of the past and behaviorism with a strong interest in changing problematic behavior, the focus of Gestalt therapy is on the realization of present potentials. Perls, Hefferline and Goodman (1951) do give an impressive statement of their project when they formulate: "For our present situation, in whatever sphere of life one looks, must be regarded as a field of creative possibility, or it is frankly intolerable" (p. 299).

Consequently they claim " to psychologize without pre-judgements of normal or abnormal, and from this point of view psychotherapy is a method not of correction but of growth" (Perls et al., 1951, p. 284).

Adventure education has a high emphasis on growth too. Kimball and Bacon (1993) claim that "whereas most traditional treatment programs define the teenager as sick and dependent, in the wilderness the therapeutic journey is largely one of self-discovery and autonomy" (p. 34). Many authors agree upon the idea to concentrate on strengths, potentials and solutions rather than weaknesses, pathologies and problems (Fürst, 1992; Gass & Gillis,1995; Handley, 1992,). Interestingly Gestalt and experiential education do also have a similar model of how growth takes place. In Gestalt therapy growth is described in the context of a homeostatic process. Living systems tend to organize themselves in some kind of balance. When balance is lost, there are two major tendencies, one towards stabilization, security and maintenance, the other one towards change, growth and restructuring (Rahm, 1979). "The dynamic of living systems is characterized by an oscillation between the poles of conservation and change" (Fuhr & Gremmler-Fuhr, 1995, 118, transl.rg). Whereas conservation tends to regain the old balance, the change tendency leads to a new balance on a higher level - the essence of growth.

Nadler and Luckner (1992) do operate with the same concept of change when they describe growth as a process of testing the limits of the "comfort zone" and eventually venturing into "new territory" (p. 60). Disequilibrium or tension apparently are essential ingredients of the adventure based learning process (Nadler & Luckner, 1992) or wilderness experience (Handley, 1994). For the whole area of experiential education, John Dewey (1938) articulated this conclusion much earlier stating, "growth depends upon the presence of difficulty to be overcome by the exercise of intelligence" (p. 79).

"Challenge" has become a key word in adventure education and many activities have been invented to challenge participants in adventure programs. But challenge lies not in the activities themselves. It is nothing static, rather it is a way to deal with an activity or situation in a certain context. In Gestalt therapy a similar key concept is the experiment, or rather: to experiment. "The creative experiment, if it works well, helps the person leap forward into new expression, or at least it pushes the person into the boundaries, the edge where his growth needs to take place" (Zinker, 1977, p. 125). Applying the somewhat broader and more dynamic idea of experimenting to the adventure context could lead to the clarification of some experiential working principles, "Experiments are tools, and as such, they are meant to be constantly modified rather than exhibited as professional trophies" (Zinker, 1977, p. 147). In this sense, Rohnke and Butler (1995) contribute some practical ideas to changing games and sequencing, suggesting that it should be regarded as an art and undertaken with as much flexibility in mind as possible. The adjustment of the difficulty of the experiment according to the situation of a particular group is a critical aspect of the art of facilitation (Zinker, 1977). Murray (in: Rohnke, 1989) gives a vivid example of the many options that the classical initiative "spider's web" provides in this respect.

Experimenting is a creative play with the possible. Humor and play open horizons (Zinker 1977, p. 41). Most important, playfulness and seriousness do not exclude each other. The potential of humor, fun, fantasy, imagination and play has been stressed by Rohnke and Butler (1995) and Nussbaum (1993).

Experience at the edge.

One of the most widely accepted concepts of adventure education has become known as the "adventure wave" (Schoel et al., 1988, p. 27), that is the continuous cycle of brief, activity and debrief. Thinking in terms of the adventure wave has led to the common practice of scheduling periods of action and others of reflection. Nadler and Luckner (1992) are challenging this routine by defining the essence of adventure based learning as edgework.They argue that the most crucial moment in the learning process is the one when disequilibrium is at its maximum. It is then, that the decision whether to turn back or to break through into new territory is taken. "Usually these moments pass quickly without the awareness of individuals and are generally lost for current and future learning" (p. 61).

Processing therefore should concentrate on the moment of disequilibrium. Again this idea is supported by the Gestalt concepts of contact and contact boundary. "Contact is the awareness of and the interaction with the other, the different, the new, the strange. It is not a static situation in which one is or is not, but a dynamic action. I do make contact at the boundary between the other and me. The boundary...is the zone of arousal, of interest, of curiosity, of fear and hostility" (Perls, 1989, p. 109, retransl. rg). The interest of Gestalt therapy is focused on what happens at the contact boundary. It is seen as the moment and place, where learning can take place.

In adventure education, much of what we do is supporting, stimulating and even slightly pushing people to expose themselves to moments at the edge. Gestalt therapy however informs us that exposure to a situation is not enough. It will only result in a constructive learning process, if we are aware of ourselves at the edge, in other words, if we do make contact with the environment as well as with our feelings and sensations. In adventure education, we also tend to attribute the capacity of provoking edgework only to certain challenging adventure activities. But contact and contact boundary are universal phenomena applying to all experiences, not only to typically adventurous ones. Fürst (1992) takes this into account, when he suggests different types of edge-experiences, including struggling through, enduring, exploring personal boundaries and arranging relationships.

There might be many more occasions to working at the edge than we are usually aware of. But clearly it is not a reasonable idea to constantly operate at the boundary. We also need moments of rest. Gestalt therapy acknowledges this by describing life as a rhythm of contact and withdrawal. More detailed, Zinker (1977) specifies the stages of this cycle as sensation, awareness, mobilization of energy, action, contact and withdrawal. Interestingly again, Fürst (1992) has formulated a somewhat similar model of the activity circle with the stages awareness, action, evaluation and relaxation for adventure education.

Some consequences from the above ideas might be:

1) The adventure wave should be understood as a dynamic concept that does best unfold within a dynamic time frame. Moments of reflection might be appropriate at any time, not only after completing an activity.
2) Adventure can be rediscovered in the unspectacular. Some of the less dramatic activities within a program might eventually be most challenging for some of the

participants. Yet we need to encourage them to make contact with these rather new and unfamiliar challenges.
3) "One must have patience. The creative therapist can appreciate the process of his ongoing experience without "pushing" the river" (Zinker, 1977, p. 36). Becker's (1993) pleading to slow down the adventure process goes into the same direction. Times of rest and reflection therefore should be a natural component of a program.

Process and flow.

Perhaps life "...is an endless journey, its only meaning being to stay in motion and not to paralyze" (Fuhr & Gremmler-Fuhr, 1995, p. 187, transl. rg). In any case more than in the control of results, Gestalt therapy is interested in the process of experience itself. Fritz Perls has pointed out this idea quite sharply: "We will not look on the material, but on the process" (1976, p.76, retransl. rg). More precisely, Laura Perls formulates:

> The objective of Gestalt is the flow of awareness, the process of freely developing Gestalts, in which what is most important and interesting for the organism, the relationship, the group or society becomes the figure, can be entirely experienced and mastered, and then melts with the ground, to leave the scene for the next important figure. (1989, p. 98, retransl. rg)

Nothing is permanent everything is in flow. Even " the self constantly recreates itself and constantly dissolves itself" (Fuhr & Gremmler-Fuhr, 1995, p. 166, transl. rg).

According to Gestalt theory an unblocked process will result in good contact if the criteria of which Perls, Hefferline and Goodman (1951) describe as "singleness; clarity; closure of the figure/background; grace and force of movement; spontaneity and intensity of feeling; formal similarity of the observed structures of awareness, motion and feeling in the whole; lack of contradiction of the several meanings or purposes" (p. 311). Parallels to the flow concept, which is quite often referred to in experiential education, are evident. Csikszentmihalyi (1987) mentioned the following criteria of flow experience: Choice; centered awareness; feeling of competence and control; clearness of objectives and feedback; melting of action and consciousness, transgression of personal borders.

The recent AEE definition of experiential education also stresses process orientation: "experiential education is a process through which a learner constructs knowledge, skill and value from direct experiences" (Proudman, 1995, p. 1). However, as Bob Lentz (1976) confirms, a focus on process does not automatically imply that content is disregarded: "Somehow all the talk about growth and the value of the process has a hollow ring to it when the magazine, or the play, or the trip, or the dory are of poor quality or have to be cancelled" (p. 86). And with reference to Ruth Cohn's (1992) theme centered interaction, Heik Portele argues for "the praise of the third thing" (p. 137): only with a common task people are able to unfold all of their personal potential and their social capabilities. As in our daily lives we are almost programmed on being result-focused, realizing a process-orientation in adventure programs provides a real challenge. It might therefore be helpful to keep some basic principles in mind:

1) Non-predictability of experience needs to be acknowledged (Portele, 1992). We have to give up the illusion of being able to control the outcomes. The recent AEE

principles of experiential education practice express the same insight. "Because the outcomes of experience cannot be totally predicted, the educator and learner may experience success, failure, adventure, risk-taking and uncertainty" (Proudman 1995, p. 21).

2) Spontaneous learning opportunities need to be recognized (Proudman, 1995). In fact, we should better be prepared to expect some of the most valuable learning opportunities arise from situations and activities that have not been scheduled. In this sense, flexibility to let go of a preplanned activity and to react on the reality of the situation is essential.

3) A new concept of success should be promoted. Acknowledging that learning is a highly individual process, we need to provide different levels of challenge within the activities. Measuring and comparing results usually is not very helpful. Instead, evaluating individual progress and welcoming mistakes as a natural and potentially promising part of the learning process should be encouraged.

Focus on the present.

Gestalt therapy is, as Fritz Perls (1976) formulates, a here and now therapy. That does not mean "... that we live for the moment, but that we live in the moment" (Zinker, 1977, p. 95). Basically, it reflects Kurt Lewin's realization that "no incident of the past, nor of the future, is relevant in the present, only how past and future incidents are represented in the present" (Walter, 1985, p. 83, transl. rg). John Dewey (1938) comes to a similar conclusion: "We always live at the time we live and not at some other time, and only by extracting at each present time the full meaning of each present experience are we prepared for doing the same thing in the future" (p. 49). Extracting meaning depends, as he later points out, on observation and judgement. "The intellectual anticipation, the idea of consequences, must blend with desire and impulse to acquire moving force. It then gives direction to what otherwise is blind, while desire gives ideas impetus and momentum" (Dewey, 1938, p. 69). Dewey's pleading to combine direct experience with reflection upon experience has found a wide resonance in the theory and practice of adventure education, as mentioned above.

Gestalt therapy however brings the attention to another crucial ingredient without which experience will hardly result in learning: awareness. As a matter of fact, it might have been the most valuable contribution of Gestalt to the development of therapy that "the distant thinking and talking about living processes was replaced by awareness of the direct experience..." (Fuhr & Gremmler-Fuhr, 1995, p. 153, transl. rg). Awareness is, as Rahm (1979) defines, "a state of attentive awakeness towards the things that happen in the present moment in me, with me and around me" (p. 164, transl. rg).

While reflection emphasizes the value of thought, logic and rational distance, awareness reminds us of the reality and importance of feelings, sensations and direct involvement. Both certainly do not exclude each other in the process of dealing with experience. In a fast moving society full of distractions, training of awareness is not a high priority. Eastern schools of meditation have influenced Gestalt and other therapeutic approaches and provided valuable techniques for learning awareness. However, the facilitation of adventure programs in mind, some guidelines might help leaders and participants more fully engage in the present experience:

1) The presence of the facilitators, physical and emotional, is essential for the quality of the experiential learning process. Even when our role is to not actively engage, like during an initiative, we need to fully concentrate on the process, nonverbally communicating that we are present. In this sense, sidetalkes and preparation of oncoming activities are counterproductive.
2) The questions we ask do have a strong impact on whether participant's awareness is directed towards the present reality or not. What - and how - questions are more likely to shed light on the actual experience and open new insights and perspectives, whereas why-questions tend to distract our thinking into the past (Perls, 1976). Borton's model of sequencing the debrief along the questions "what?" "so what?" and "now what?" (Schoel et al. 1988, p. 170) seems to be founded on the same rational.
3) Rather than contenting oneself with abstractions, talking about concrete observations and examples should be encouraged (Polster & Polster, 1975). Abstractions, especially when used too early, allow us to distract from the present, while examples, based on a shared experience, usually have a higher potential to activate thorough reflection.

Holistic approach.

The whole is more than the sum of its pieces. The origins of this sentence lie in the realization of early Gestalt psychologists that perception does not function as an exact representation of the elements of reality in the brain. Rather the brain constantly organizes those elements and thereby creates something new. It creates a Gestalt, which clearly contrasts with the ground.

Lewin formulated a field theory (Walter, 1985) and later system therapy played a major role within the context of a general paradigm shift (Capra, 1996). An essential aspect of this shift is a new concept of human functioning. Breaking with a long tradition of splitting body and mind, under the new paradigm "thinking, feeling and sensation, spirit and body are seen as aspects of one and the same complex functioning, closely related to each other" (Fuhr & Gremmler-Fuhr, 1995, p. 28, transl. rg). Kurt Hahn's motto "learning with head, heart and hand" has received a similar popularity as the above Gestalt sentence. It has been formulated in opposition against a long tradition in education of emphasizing rational learning and devaluing feelings and sensations. Consequently, the body has received quite a bit of attention in adventure education, physical training being one of for central elements in Hahn's original concept. But in a holistic sense, integration of thinking, feeling and sensing into one and the same learning process is what counts and should rather be regarded as a challenge for experiential education than as something possessed by it.

Holistic learning has a spiritual dimension too, and thus dealing with values plays an important part. In Gestalt therapy the idea is to help people discover and explore their own values. According to Zinker (1977), Gestalt is a process of striving for depth and spirituality away from the "grease and oil" therapists, who "maintain society at the level of adjustment" (p. 121). The position of adventure education does not seem quite as clear. Kimball and Bacon state that "the Hahnian approach to education was not only experience-centered, it was also value-centered. And "Hahn's commitment to experiential learning and intellectual freedom was matched by an equally fervent commitment to a fairly traditional set of personal values" (1993, p. 12). However, in the actual AEE-principles of experiential education practice a rather self-directed and truly experiential approach to dealing with values is favored, "opportunities are nurtured for learners and educators to explore and examine their own values" (Proudman 1995, p. 21).

Self-organization.

"In all evolutionary processes there is a dynamic of uncontrollable chaos and controllable order, and for thousands of years mankind tries to ban chaos in favor of order..." (Fuhr & Gremmler-Fuhr, 1995, p. 28, transl.rg). Control thinking, as Fuhr and Gremmler-Fuhr call it, is at the heart of the mechanistic paradigm that has strongly influenced psychology through behaviorism and far beyond. It is characterized by linear thinking in terms of cause and effect, as well as by a preference for hierarchical structures and external control.

Dewey draws a similar picture for the field of education: "The history of educational theory is marked by opposition between the idea that education is development from within and that it is formation from without"(1938, p. 17). And "the traditional scheme is, in essence, one of imposition from above and from outside" (p. 18).

According to Portele (1992) the most radical aspect of the Gestalt approach is its belief in self-organization. Self-organization theory claims that organisms and systems and thus humans too essentially determine from within how they react on external stimuli. "Living systems are self-organized and not controllable, the results of learning processes can not be told in advance and are only to a certain degree measurable and assessable..." (Fuhr & Gremmler-Fuhr, 1995, p. 147, transl.rg). In any case, the organism does have some kind of inner wisdom: "That what seems spontaneously important does in fact marshal the most energy of behavior, self-regulating action is brighter, stronger, and shrewder" (Perls et al.1951, p. 324). An early Gestalt concept in this context is the tendency to construct good Gestalts, which manifests itself in many laws of Gestalt psychology (Walter 1985).

Closely related to self-organization theory is the concept of constructivism with its thesis that all perception is subjective. There is no such thing as an objective reality: at best we can speculate about it. "We construct a, not the world" (Portele 1992, p. 33, transl. rg). Our constructions always are socially determined too: "Reality is nothing absolute, it changes with the group to which the individual belongs" (Lewin, cit. in Portele 1992, p. 34, transl. rg).

Self-organization is referred to in adventure education as well: "According to the basic conditions of an unfinished situation with serious character and situation-immanent problems, the experiential group must organize itself wherever possible" (Fürst 1992, p. 55, transl. rg). Yet while self-organization is understood in Gestalt as an orgasmic principle, its role in adventure education is often still be limited to a program component. On the other hand the discussion about empowerment (Kohn 1991) and constructivism (DeLay, 1996) is alive in the field. "Experiential education is not a series of activities done to a learner" (DeLay, 1996, p. 80). If we take this serious, a wide range of principles for experiential practice can be derived from self-organization theory.

Transparency.

From the beginning and throughout the process goals, possibilities and limits of the program should be transparent and open for negotiation. Fürst (1992) distinguishes between given conditions, agreements, and decisions that are entirely up to the group or the individual and argues that it should be clear to everyone which topics fit into which category. The Project Adventure concept of the "full value contract" (Schoel et al., 1988), an agreement concerning ground rules of behavior and communication, is an example of this transparency.

Internal goals.

Genuine personal and group goals need to come from the participants. They should be seen as dynamic rather than static. Amesberger (1992) claims personal goal setting to be an essential feature of adventure education, and Schoel et al. (1988) try to give some guidelines for such a process.

1) **Internal control:** The tension between directivity and non-directivity in experiential education can be expressed by the "dynamic of the unfinished situation" (Fürst, 1992, p. 34). Facilitators take the responsibility to propose meaningful activities, the action then is controlled by the group itself, and the individual has the ultimate responsibility if and how to participate. "Challenge by choice" (Schoel et al., 1988, p. 130) is an example of this concept in adventure education.

2) **Self-evaluation:** Throughout the process, participants should be encouraged to give and receive mutual feedback as well as to reflect upon and evaluate their own learning process. This does not exclude feedback given by the facilitators. Yet being aware of the relative strong impact of such a feedback, it should be given with care.

3) **Self-responsibility**: AEE has found clear formulations for the sharing of responsibility in their principles of experiential education: "Experiences are structured to require the learner to take initiative, make decisions, and be accountable for the results." And: "The educator's primary role include setting suitable experiences, posing problems, setting boundaries, supporting learners, insuring physical and emotional safety, and facilitating the learning process" (Proudman, 1995, p.21). It could be added: Participants have the ultimate responsibility for the outcome of their learning.

Encounter as bedrock.

"Contact as a boundary phenomenon is only possible to the extent in which there is support for it" (L.Perls, 1989, p. 183, retransl. rg). Even more strikingly, Zinker (1977) formulates: "In order to help someone, you must love him in a basic, simple way. You must love the person who is before you and not a goal you set for him. You cannot love future images of the other without absenting yourself from the person sitting in front of you." (p. 23).

Being so focused on growth, Gestalt is a rather demanding and confrontative therapy. As growth unfortunately is not an easy path towards self-actualization, working through impasses goes along with frustrations. To develop self-support, we need enough support from our environment. Balancing frustration and support might in fact be the most essential art in therapy, counseling and education. As Fritz Perls (1976) puts it: "It is not easy to find the way through this contradiction, but once the therapist has solved the paradox to work with support and frustration, his proceedings order themselves" (p. 96, retransl. rg).

What has been said above applies to adventure education and therapy as well. "Wilderness therapy, by design, is a frontal assault on learned helplessness, dependency, and feelings of low self-worth" (Kimball & Bacon, 1993, p. 20). It would be a good idea to back up this assault with some positive qualities in the relationship with our participants. Fürst (1992) draws the conclusion from this insight, when he proposes four different leader-functions, two of them, "companion in the experience" (p. 118) and facilitator stressing the relational work under quite different aspects.

Support is a relational phenomenon. The only way to give it is in genuine encounter with others. Martin Buber emphasizes the existential quality of dialogue. "Dialogue reduces mans isolation in his unique reality or at least help support it easier" (Fuhr & Gremmler-Fuhr, 1995, p. 107, transl. rg). Carl Rogers' clear understanding of this reality resulted in the development of client-centered therapy (Rogers, 1951) and in the postulation of three basic therapeutic principles, empathy, unconditional acceptance and genuineness. Greenberg, Rice and Elliott (1993) have integrated essential concepts from Gestalt and client-centered therapy, developing experiential guidelines for the facilitation of emotional change as a moment-by-moment process.

Taking the importance of a supportive relationship into account some final guidelines for the practice of adventure education and therapy include:

1) Contact is nothing static, building a good working relationship needs to be a permanent effort (Zinker, 1977, p. 129). Especially in the beginning of a session time should be set aside for connecting and reconnecting.

2) Relationships need time and freedom to develop. A program should therefore not be too structured. There should be a balance between periods of challenge; tension and confrontation with unexpected periods of low key familiar activity like walking or conversation.

3) Role-stereotypes are in the way of genuine contact. All technical aspects of adventure education should therefore be downplayed. The facilitator needs to be an expert in terms of security, but that doesn't imply any exhibition of personal outdoor-performance.

4) To remain sensible for the experience of participants, facilitators should continue exposing themselves to new and strange experiences. Adventure educators might want to look in particular for other than outdoor experiences. However, when appropriate, assuming the role of a companion in a joint adventure experience might be one of the most powerful ways to build a working relationship.

5) What has been called "resistance" in therapy might be understood as a natural and reasonable protection against too much challenge. Whenever resistance occurs it might therefore be a good idea to check if support instead of challenge is needed in that particular moment for that particular person.

Further Perspectives

By calling attention to parallels in the literature of adventure education and Gestalt therapy, I have tried to demonstrate that both approaches are rooted in an experiential tradition and in fact do have a lot in common. I have also tried to point out some practical implications, which a Gestalt-view on adventure education might have. In sum, my assessment is that Gestalt concepts do have the potential to inspire the theory and practice of adventure education in several ways. They might help us come to a clearer understanding of what we are actually doing when using the adventure approach. They might be useful then in the further development of concepts and theories of experiential education. And finally, they might encourage us in being truly experiential in what we are doing.

All of the above might even be more valuable for the new field of adventure therapy, as therapy has been the background on which most of the Gestalt concepts have been developed. However, it has become clear in this literature research, that the Gestalt approach is only one part of a bigger picture. For one thing, there are other forms of experiential approaches like client-centered therapy, psychodrama and theme-centered interaction, which all have to offer valuable contributions to the theory and practice of adventure therapy. Even more important, recent research across many disciplines such as biology, physics and cybernetics has resulted in the proposition of a general paradigm shift in science (Capra, 1996) and social science (Fuhr & Gremmler-Fuhr, 1995) in the context of which experiential education might very well experience a renaissance.

Within the field of psychology, systems theory in particular seems to have been influenced by as well as contributed to the new thinking (von Schlippe & Schweizer 1996). It would thus be an interesting project to continue exploring on a broader basis the connections between humanistic psychology, the new thinking and experiential education. As a matter of fact, this would be in the sense of the founders of Gestalt therapy, which for now should have the honor to conclude this article with a final comment on that matter by Fritz Perls. He stated, "indeed, by and large the various theories are not logically incompatible and often neatly supplement and indirectly prove one another" (Perls, Hefferline & Goodman, 1951, p. 329).

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15

It is Better to Learn to Fish: Empowerment in Adventure Education

By Ian Hyde-Hills

Adventure based therapy and training programs need to take more account of the old adage: "Give a person a fish you feed them for a day, teach them to fish, they feed themselves for a lifetime." It is better that participants on adventure therapy programs receive more than a just a cure for an unwanted behaviour or a new perspective for a confused worldview. In this day and age when the concept of self-determination is an integral part of most human endeavours it is important participants on therapeutic programs have the opportunity to learn ways of becoming their own agents of change. Because adventure programs use powerful experiential learning methods, they are able to teach participants how to overcome difficulties and heal their own lives. This paper proposes that adventure-based programs may be designed in a way that not only provides an intervention to realise the objectives set for the participant group, but also may be designed to teach them a process; a process they can apply to a wide range of areas in their lives. In contemporary therapeutic terms this is the process of empowerment.

Definitions of empowerment generally refer to persons gaining in confidence, controlling the forces that affect their lives and going out and making things in the world around them happen. The concept is underpinned with a certain amount of idealism and hope. For the purpose of adventure therapy programs the concept empowerment needs to be more precise and located within a professional training context. The fishing knowledge of the above adage can be contextualised in Western styled industrialised countries using an empowerment model proposed by McWhirter (1991). This empowerment model is comprehensive and promotes not only individual growth but also the support of others.

McWhirter's model of empowerment proposes that empowerment means more than what happens within the phenomenological world of the individual. He suggests that the notion is broader than concepts such as autonomy and efficacy. Empowerment goes outside the individual. It is a process that not only changes the individual's perception of the world but actualises change within it. McWhirter (1991) specifies four necessary requirements for complete empowerment:

> Empowerment is the process by which people, organisations, or groups who are powerless (a) become aware of the power dynamics at work in their life context

> (b) develop the skills and capacity for gaining some reasonable control over their lives, (c) exercise this control without infringing upon the rights of others, and (d) support the empowerment of others in the community. (p. 224)

These four requirements of empowerment provide the structure for the adventure therapy program. They become the transferable themes of the program because empowerment is a universal concept and the participants can apply the process to struggles and needs they may have in other areas of their lives. Programs also have a primary theme, which is normally determined by the participants, their caregivers or a needs analysis. It is in dealing with this primary theme or group need that the participants experientially learn McWhirter's empowerment model.

Isomorphic framing techniques are used to create parallel relationships between McWhirter's empowerment model and the primary theme's (specific needs) therapeutic process. This therapeutic metaphor enables the participants to reflect on their present therapeutic process. They are able to draw parallels with this process, McWhirter's model and even other situations in their home life where they may apply the model.

The adventure program needs to have two parts when using this type of method. The first is the preparation and training for the wilderness project and the second is the actual undertaking of the project or task in the wilderness. On this type of program the participants spend approximately the same amount of time in preparation as actually doing the wilderness project. The training is more than just training for the wilderness project. The participants also learn a wide range of life skills that will make the project more fun and enjoyable. It is during training that participant's special needs are met. The proposed wilderness task provides the participants both with the motivation to learn and an opportunity to use their newly learnt skills.

To clarify the process I will illustrate McWhirter's four levels with a group of teenage participants whose specific goal is to develop communication skills. Firstly, the program operators would design a two-day wilderness project, which requires participants to have particularly effective communication skills. This motivates the participants to focus on developing these skills during the training phase of the program. Secondly, the program organisers design a training program with a more extensive communication skills component.

First Level: Awareness

"Become aware of the power dynamics at work in their life context" (McWhirter, 1991, p. 224). It is important that people have a clear understanding of the power dynamics that affect their life experience. Helping the program participants gain an awareness of these, overcoming the ones that are destructive, and developing positive ones is central to an empowerment based adventure program. This consciousness-raising aspect of McWhirter's (1991) model brings empowerment philosophy into line with Paulo Freire's (1970) concept of conscientization. This concept is relevant to adventure based programs because it fits into adventure therapy methodology of experiential learning and group processing.

Conscientization.

Conscientization as presented here is based on Paulo Freire's psychoeducational process of consciousness raising with dispossessed people in rural Brazil and Chile. For adventure therapy purposes, the dispossessed can include any group, young people, women, men, ethnic/racial groups, survivors of sexual/violent abuse, that considers itself oppressed by others, systems, or circumstances. Freire concentrates on viewing the individual, as they are in a social context - awareness of self-in-system or self-in-relation. This is somewhat different to most contemporary western teaching, which promotes self actualisation and concepts of a self embedded within systems (Ivey, Ivey & Simek-Morgan, 1997). Freire's approach involves collaboration with the dispossessed people and through a sequence of "problem-posing" dialogue guides them to a new level of awareness. A level of awareness where they become conscious of their old perspective's and come to see themselves as having options for controlling their lives and overcoming obstacles.

Getting a person to look at incongruities and contradictions that make up their assumptions, worldviews or as Freire named it "naive consciousness" is the first task of conscientization. The aim is to get dispossessed people to move blame for their condition away from themselves. As people progress through levels of reordering reality and perspective transformation they move from seeing themselves modelled on the personhood of their oppressor to themselves as a cultural being. It is when the individual begins to reflect on the self as a unique cultural being that they are led to action. Personal identity evolves from experiencing the self in relation to, rather than the self in opposition to, the oppressor. This is when the person sees self-in-system and is ready to move to action. It is at this point that the dispossessed have overcome their oppression.

The participants in our example need to understand the reasons why they do not communicate well. Are there issues in their environment that prevent them from sharing better? Do they as individuals or as a group have attitudes, beliefs, or assumptions that prevent better communications? What are other ways they can try? The participants also need to be aware that communication means listening, body language, and various levels of intimacy. The participants resolve these issues with the guidance of the facilitator and agree on a solution, which ideally includes learning skills to overcome their problems, enabling them to move onto McWhirter's second level of empowerment.

Second Level: Learning

"Develop the skills and capacity for gaining some reasonable control over their lives" (McWhirter, 1991, p. 224). This provides an experience of the second level of McWhirter's (1991) empowerment model that deals with developing skills and capacities to bring about change in one's life. After restructuring reality the need for change normally follows. Just as Freire used a variety of techniques to teach uneducated peasants to write and develop reflective awareness adventure therapy programs use a variety of techniques appropriate to western culture to bring about the same liberation of consciousness. Such things as Narrative Therapy in the form of telling stories around the campfire, Psychodrama, gaining another perspective, the "Learning Log", journal keeping and reflective writing, "I" statements, empathetic listening, turn taking, understanding and sharing feelings, and many more as is thought appropriate.

At this level our participants would learn about communication and being part of a team. Teaching takes the form of both discussion and experiential activities. Consequently the participants overcome the communication problems that would prevent them carrying out the wilderness project and learn to work better as a team. They are ready to move to level three of McWhirter's empowerment model where they will use these new skills in a real life project.

Third Level: Action

" Exercise this control without infringing upon the rights of others" (McWhirter, 1991, p. 224). This is the opportunity to operationalize the new skills and abilities the participants have learnt. Through becoming aware of their situation and learning ways to change it, the group has developed new meaning perspective. Meaning perspective's are more than a way of seeing; they are proposals to experience one's life, which involve a decision to act. Feelings and events are interpreted existentially, not just intellectually. It is in this third wave that the participants move from a cogitatively based perspective to a more behavioural one. McWhirter makes it clear that this is done without infringing on the rights of others.

Our group head off to carry out the wilderness project. The group is able to use the skills they learnt on the training section of the program and experience how improved communication skills promote the enjoyment and effectiveness of their efforts. They may also come to realise that gaining understanding is more than a cognitive (internal) process, it is also a social one (working with and sharing with others) which makes experiential learning so powerful.

Forth Level: Advocacy

"Advocate and support the empowerment of others in the community" (McWhirter, 1991, p. 224). McWhirter makes it clear that empowerment is a comprehensive process that affects more than just the individual. It must have an advocacy component that affects the individual's interactions with others, the community, and society. McWhirter makes it clear that until the person becoming empowered does this, true empowerment has not taken place. The participants are required to support and encourage each other on the remainder of the project. This often requires participants developing conflict resolution and empathy skills. The facilitator also invites the participants to advocate for and support all other groups and individuals in struggles against oppression.

McWhirter's model adds the following dimension to adventure programs. Firstly, it helps the group identify the power dynamics, systemic processes, and societal forces at work in their lives. It is important that people realise societal forces do cause people to fail (Sue, 1981) but just as important that these people accept responsibility to change these forces. Secondly, people need to develop skills in their lives because it gives them a greater range of control over their lives. Programs are designed to use the participant's strengths and abilities where possible and act to weave positive meaning and hope from these (Waldegrave, 1991). Thirdly, it gets the participants to operationalize what they have learnt by designing tasks and activities that require their newly learnt skills. Finally, the model encourages the participants to advocate for and support others who are struggling against oppression and personal difficulties.

In summary empowerment is an ongoing process that is simultaneously evolving in the individual and the individual's community. Like a wave of symbiotic energy it flows from person to person. It presents a developmental cycle where the individual being supported by another becomes empowered, overcomes personal and socially imposed difficulties, returns to his/her community and advocates for and supports others in their quest for empowerment. Cognition, behaviour and other people seem necessary for empowerment to be complete.

Conclusion

I will briefly summarise what I have been attempting to say. The most valuable part of any program is the part that shows the participant how to be his/her own healer, the part that provides understanding of the therapeutic process. It seems reasonable to suggest that all programs should have at least two themes. A primary theme, which is aimed at providing therapeutic relief for, targeted conditions. This may be considered the intervention and would result from a needs analysis or the participant's request. The secondary theme is an empowerment model, which enables the participant to personally bring about change in their life. The first theme provides an experiential learning opportunity for the second theme.

I introduced McWhirter's (1991) empowerment model as a suitable framework for providing the secondary theme in adventure based therapy programs. Although comprehensive this is a relatively simple model and should be able to be used by most participants. Using the empowerment model in the way proposed by this essay is especially attractive, because ultimately the aim of all good therapists is to work toward their own redundancy. As McWhirter (1991) points out, it is through this relationship of being empowered and supporting the process of empowerment in others that true power comes.

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16

Stories of Change

By Paul Stolz

In Annie E. Proulx's novel "The Shipping News" the anti-hero who goes by the name of Quoyle undertakes a journey of a kind from the known to the unknown. Through this journey he comes to a different self-assessment which also produces a different way of acting and relating. In the opening chapters Quoyle is the consummate loser in Middle America, even down to the Middle American State that he inhabits. His protruding chin, of which he is uncomfortably self-conscious, is a symbol of his whole personality. He relates inadequately, except to a quirky friend who more or less takes people as they are. His inability to take responsibility for his own decisions and direction in life means that he ends up as the butt of other people's whims. So in his work, which is as a low-grade reporter on the local newspaper, he is hired and fired annually to make way for the editor's son who is home from college. He is selected by his wife-to-be at a function he attends as a reporter. His failure to acknowledge the necessity of his input into the relationship creates an unhealthy dependence, which leads to his wife ignoring him and finally leaving him and their two daughters for another man. This classic scenario is played out against the backdrop of the familiarity of small town existence where few things change and the roles ascribed to life remain embedded in the individuals belief systems and interpretive mechanisms.

All this changes when Quoyle's recently fled wife dies in a car accident with her most recent lover. The person who arrives to help Quoyle through the crisis is his maiden aunt who has her roots in the unfamiliar and wild country of Newfoundland and has a hankering to return there. Quoyle makes the decision to return with his aunt and two daughters to this unfamiliar country and in so doing undertakes a gradual journey of change which transforms him from the consummate, self-conscious loser to a capable father, employee and husband. The symbols Proulx uses to express this change wrought in the wilderness of Newfoundland are the things that comprise the common processes of life but when taken as a sum over the unfolding future in which Quoyle finds himself involved add up to a significant transformation. From the ability to handle a hammer on a roof renovation, a task Quoyle could never have imagined he could do in his past life and country, to the final assisting in the building of a new boat to replace his old one that sunk, Quoyle's life is gradually transformed. Along the way he discovers an ability to write about the shipping news that had so far escaped him. He discovers people who accept him for himself. These people are genuinely friendly and show him a respect that adds to respect for himself. He also learns what it means to love and be loved, a painful lesson since his only experience of what he called love was to be abused and used as a brief means to a disappointing end. As a father he acquires new skills simply by being more of a person to his two daughters and being able to express his undoubted love for them in a mutual exchange of affection and paternal concern.

As the old family home slips into the sea under the ferocity of a wild Newfoundland storm, it becomes a symbol of that old life of Quoyle's that gradually slips away to be replaced by a new home. This new home rented in one of the best locations of the village on the shores of the bay with his new wife and children is the final symbol in the book of Quoyle's transformation. He has come through the testing and challenges that the decision to move to the wilderness of Newfoundland threw up. Based on the events, that unfolded gradually, he was able to piece together another story about himself, which provides a future full of hope and confidence even in the depths of a Newfoundland winter.

Michael White's Narrative Therapy

The deceptively simple story of Proulx's which in its simplicity captures the complexity of human life and the difficulty of change mirrors the narrative therapy utilised by Michael White, a family therapist from the Dulwich Centre in Adelaide. White suggests in his description of narrative therapy that the "landscape of action" which is the sum total of all of life's experiences and the way one acts based on that information consists of events linked together in particular sequences through time and according to plot.

This structure, which makes up the story of a person's life, provides, according to White, the structure for each individual life. This personal story or self-narrative shapes life and is constitutive of life. This is termed by White the "dominant narrative" in a person's interpretive structure. Thus if ones story is based on events over time that has a negative bias the ongoing interaction of that individual is likely to be negative. In the case of Quoyle his early life in the book assumed almost overwhelming negative proportions, where he found himself locked into decisions that were based on negative assumptions about himself and his life story. This dominant narrative is in no small part the product of several cultural factors including the politics of socio-economic status, gender, race and sexuality, to name just a few. Thus what underlies the way a person acts is the reflection and interpretation that a person offers on the events of their life over time. This reflection and interpretation is moulded by the culturally dominant perspectives affecting a persons desires, wants, preferences, motives, purposes, goals, hopes, values, beliefs and commitments. White refers to this interpretive mechanism in the story building as the "landscape of consciousness."

However, White argues further that in each life story, which assumes the significance of the "dominant narrative," there can be discovered one or more sub-plots which can offer alternative interpretation to the events which have occurred in the dominant narrative. The uncovering of these sub-plots is the objective of narrative therapy to assist the client to deconstruct the dominant narrative and in so doing challenge some of its culturally dominant perspectives, thus enabling a change in the landscape of consciousness in the person. Quoyle gradually discovered for himself new possibilities based on his own resources and new experiences that freed him to make different and more positive decisions about himself and those to whom he related. In the book this gradually translates into a whole new life story which allows the old negative, and thus far dominant narrative, to slip away like the old family house into the sea.

To encourage this change or deconstruction the therapist asks questions that encourage the person to engage in "externalising conversations" that:

- Introduce ways of speaking about life that re-politicise experience.
- Challenge the objectification of persons, and deconstruct the stories of identity that are marginalising of persons.
- Assist persons to identify and to name the techniques of power and the techniques of self that they are subject to and that they reproduce in their lives and their relationships. (White, 1991, p. 29)

These externalising conversations help a person to deconstruct their dominant narrative by:

- allowing them to identify the dominant narrative and if useful to re-name it
- allowing them to ascertain the real effects in their relationships and lives of the beliefs they hold and the practices of relating that are associated with these beliefs
- and assisting people to establish alternative and preferred identity claims and alternative and preferred practices of self and relationship.(White, 1995)

By this means Quoyle was able to deconstruct his dominant narrative by engaging in self-assessment generated by acts and interactions with himself and others. Gradually he was able to put together a new landscape of consciousness that led to a new landscape of action, or put more simply a new story that was always there but had never been allowed to surface or to be seen.

The Wilderness Enhanced Model of Narrative Therapy

In the Wilderness Enhanced Program the student (client) is referred to the program having been identified by the referring school as an individual that has a long-term history of negative behaviour or action. This negative behaviour, or landscape of action in White's model, is prompted by their reflection on the events of their lives and interpreted according to their desires, wants motives, purposes, goals, hopes, values, beliefs and commitments, or, in other words, their landscape of consciousness. The dominant narrative they therefore carry is confirmed by the institution in which they relate and spend much of their day, the school. They do little work, fail regularly and are viewed as a 'loser', whether consciously or unconsciously, by the school. This simply confirms the landscape of consciousness that determines the landscape of action, which constitutes the dominant narrative that the student produces in their interrelating. This can be a pattern reflected at home, which makes the cycle of negative self-assessment and negative action complete.

The initial part of the wilderness enhanced model, ten days of wilderness experience producing extreme stresses and challenges to the student, is an attempt to begin the process of deconstructing the dominant narrative or story the participant holds about themselves. This is contributed to by withdrawing from normal expressions of power by the leaders and a continual recognition of the emerging new story the student experiences only at this stage subconsciously. The students are told that they are responsible for the way they get through the ten-day experience. Thus if they chose to sit for some hours on the track because their assessment of the challenge is that it is too hard, they are allowed to sit until they make an alternative decision. If they chose not to carry water when water will not be available for some hours they are allowed to suffer the consequences of their decision. Gradually the students are able to reflect on their decisions in relation to their achievements and the process of re-storying or changing the landscape of consciousness occurs.

Over the ensuing two years consistent guided reflection on what White would call unique outcomes and an alternative story to the one that dominates, gradually produces a change in the student. Interestingly this change can be first identified by a different use of vocabulary. This new vocabulary from the student indicates a responsibility for self and one's actions that was previously absent. This ability to identify and name problems and to claim ownership of them appears to disempower the claims they make over the individuals life. In addition, the success the student necessarily experiences in the ten day journey becomes the spring board for further self-assessment that is positive in nature and assists the re-storying process by offering further modifications to their landscape of consciousness.

The ability to trigger the reflection process and to help the student return to the alternative story often requires little more than the use of a key word of phrase that remains familiar to them from the ten day experience. As an example of this the writers participated in a conversation with a student who said after a number of days on the walking leg of the journey that in his life he would prefer to walk uphill rather than down. He felt walking uphill was easier and provided greater reward for effort. In conversations around life and school it is possible to assist in his reflection of where he is and where he wants to be in the future by simply asking whether at this point in time he is walking up hill or down and is this the way he wants to continue. This trigger focuses the student on the positive outcomes of his/her new story and is a useful tool for teachers in the classroom to step around a confrontation. It also serves to reinforce the emergence of the alternative story and to consolidate it as the dominant story by altering the relational interactions and modifying the landscape of consciousness from which the student acts.

The Wilderness Enhanced Model is more than just a physical activity designed to raise self-esteem in a bush setting. It seeks to challenge the dominant narrative or story by which difficult adolescents act and interact and gradually assist them to produce a shift in their landscape of consciousness that constructs a new story which allows them to act and interact in more positive and socially acceptable ways. Like Quoyle, their old house may well become uninhabitable and over time slip in to the collective sea of the unconscious and become of no value in their new life.

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17

Scared Spitless: The Therapeutic Power of Language

By Phil Fitzsimmons & Tony Elshof

The Story Begins, Ethnography in Paradise?

> We have a name that we use for noticing without being sure of the exact cues, the details that might be offered as evidence. We tend to call that intuition. Most of what is called intuition is processed subliminally, unconsciously. "Mere" intuition is not very respectable, like "mere" metaphor. Yet even thought the boundaries of analysis will be pushed further; it is a mistake to discard the hints and suspicions that are not accounted for by a given paradigm (Bateson 1994, p.141)

Over they went. Stephen was seven years old and Tim was eleven. No problem for them, the problem was that I was next. The kids had harangued Tony for years to take them abseiling and out of the blue he had knocked on our door, bundled us into the car and taken us to the summit of Mount Keira. This was a lot different to the climbing gym. I'd never said anything about going with them. I kept thinking, How'd I get roped into this? No pun intended. It wasn't the fifteen-metre ledge that we were going over that made me slightly nervous. It was the sheer several hundred metre, lethal, rock strewn and vulture inhabited drop just beyond that made me a little apprehensive. Okay, so there were no vultures but it was still along way down.

As an ageing ethnographer whose primary research interest was language, I couldn't help but listen to Tony and Kevin as they "tied up" to the thin looking, craggy, ageing tree above the cliff strapped us into our harness and edged us to the cliff face. Well, edged me to the cliff face; the boys couldn't wait to leap to their deaths.

Besides the instructions and new vocabulary I thought I'd detected something else in the language that seemed to me to go in one ear and out the other. The boys had simply nodded knowingly. It was an edge (once again no pun intended), a handle or something that seemed to stifle my gnawing apprehension. As I lumbered over the edge Tony told me where to put my hands, to stop clinging to the cliff face and lean back. Lean back! All I wanted to do was lean forward and dig my fingernails into the solid rock.

Both Tony and Kevin soothed my tangled nerves with words of encouragement. The boys laughed. However soon I was throwing myself over the edge with ease. I went backward, forward, using one hand and then no hands. Well, I actually slipped but it was still fun.

All afternoon the words that I had heard lingered in the back of my mind. That night I wrote a reflective recall of my death-defying defeats which included all the dialogue that I could remember. I stored it on an electronic ledge in the bowels of my computer as perhaps something to follow up. Certainly the language use was interesting but I was concerned that I had been suffering from the 'eye of the beholder' syndrome. The reflective jottings lay dormant in my computer for just over a year.

Lying on a beach in Queensland some time later, I heard a familiar tone. A learn-to-surf coach was giving instructions. Instructions that had a 'ring' that I had heard before. Mark's words had a resonating feel, the same quality that I had heard from Tony. For the next three weeks I observed Mark in action and took daily field notes. When I returned home and compared the notes and transcripts with the jottings from my "picnic at hanging rock" several key issues and themes seemed to emerge.

Personal Bias and Theoretical Perspective

> [T]he methodology of the constructivist is very different from the conventional inquirer ...[it] is iterative, interactive, hermeneutic and at times intuitive and certainly open ... [I]t makes demands of its own so heavy that anxiety and fatigue are the constructivist's most constant companions. It is a different path, one strewn with boulders, but one that leads to an extravagant and hitherto virtually unappreciated rose garden. (Guba and Lincoln, 1989, p.183)

Before discussing the heart of this study we want to make clear the pitfalls of application; personal prejudice and theoretical slant and that formed the basis of this project. We acknowledge that this study:

- Is in its infancy and is very narrow in scope and scale. It represents a snapshot view of one of the alleyways of understanding that crop up in ethnographic research.
- Represents primarily the viewpoint of the instructors. For ethical and logistical reasons (which are in the process of being overcome and will form the basis of further analysis and research) this paper discusses the views of those who produced the 'language event' and not those who received the language.

The theoretical approach, which formed the power source of analysis, was the basic premises that underpin the field of sociolinguistics. These included our beliefs that language is:

- A social semiotic (Halliday, 1978). As such every expression carries with it both a private and public layer. Austin (1962) and Goffman (1974) argue that within the framework of vocalised language there are hidden layers or strata of meaning occurring simultaneously, providing a depth of textual arrangement from which communication becomes a meeting of minds rather than a transaction of words.
- Acting as a social semiotic, language is metaphor (Reik, 1948; MacCormac, 1986; Perrin, 1987). The definition of metaphor in these terms being the

encapsulation and transmission of "all our ideas, thoughts and behaviour" (Wheeler 1987, p.224).

- Is a power force in creating social and personal definitions (Kliebard, 1966; Smith and Geoffrey, 1968; Becker, 1974; Turner, 1978; Wells, 1985). Cohen and Younger (1983, p.175) are of the opinion language is the means through which we transmit an affective dimension, "not readily transcribed into literal terms".

Changing Intuition to Insight

An excellent plumber is infinitely more admirable than an incompetent philosopher. The society, which scorns excellence in plumbing because plumbing is a humble activity and tolerates shoddiness in philosophy because it is an exalted activity, will have neither good plumbing nor good philosophy. Neither its pipes nor its theories will hold water (Gardner 1961, p.16)

> The transformation of hunches into patterns and relationships began with a 'weeding out' or sorting of sequences of phenomenological sequences, resorting by defining the boundaries of closure and defining the language which has "...a particular configuration of meanings that is associated with a particular situation.... Considered in terms of the notion of meaning potential, the register is the range of meaning potential that is activated by the semiotic properties of the situation" (Halliday 1975, p.126).

The problem in this labelling process was the apparent 'wheels within wheels' process that was operating within the total structure of the context. In other words, we had to give voice to the ideology of the respondents before we could define the language practice, or link the theoretical and abstract concepts of meaning with the hard data of the field interactions.

The Therapeutic Components of "Language in Use"

Through the iterative process briefly described in the previous section several salient therapeutic language features seem to emerge running in tandem with the directions, prompts and feedback given by outdoor instructors. This dualistic process of instruction and counsel are represented schematically in the Figure 1. As represented by the double arrows, the process of instruction was a cyclical process of individualised instruction. As stated in an earlier paragraph the following illumination of therapeutic components are as yet only a one sided perspective using their terms.

Empathy.

> Kids, what I'm going to show you is just pure fun. But it takes practice and effort. Just like you I started on this beach. I went through he same stuff you going to. If you listen carefully we'll both get there. (Mark, Instructor)

> I know that it feels weird. Your brain is saying, this is not logical to jump off a cliff attached only to a rope. But if we can both slowly make our way down to the

bottom, I know that you will be straight back up here to do it again. (Tony, Instructor)

Besides the specific behavioural instructions that were given, (both the respondents of this study) 'Mark' sought a to identify with children in being able to reveal to the children in his care that he was capable of "getting inside their head," setting up a definite pathway of communication. Thus a relationship based on reciprocal understanding between the instructor and the children is developed from the outset. It would seem that Mark's (and Tony's) ideal is to create in the children's mind a belief that they are understood, cared for and that "everything is under control."

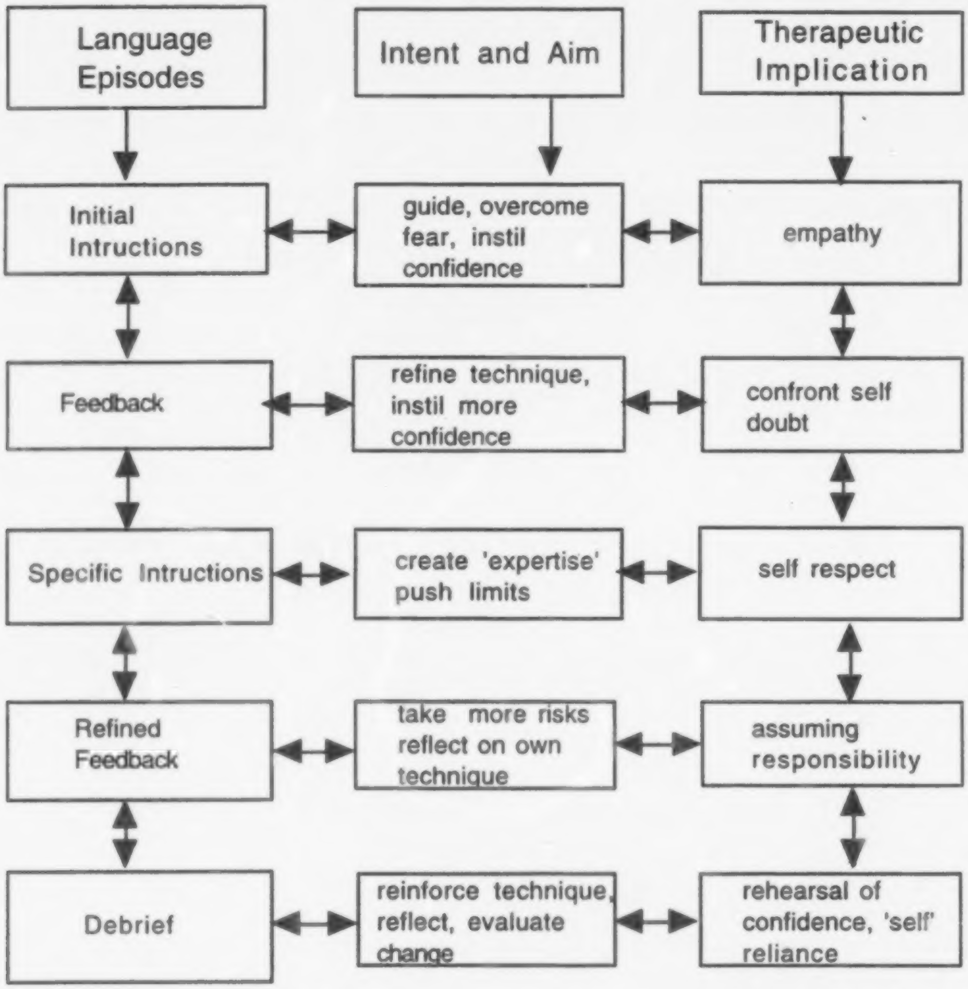
Language Episodes
Intent and Aim
Therapeutic Implication
Initial Intructions
guide, overcome fear, instil confidence
empathy
Feedback
refine technique, instil more confidence
confront self doubt
Specific Intructions
create 'expertise' push limits
self respect
Refined Feedback
take more risks reflect on own technique
assuming responsibility
Debrief
reinforce technique, reflect, evaluate change
rehearsal of confidence, 'self' reliance

Figure 1. The relationship between language, instructor's intent and meaning potential.

The ideal behind this notion of empathy is more than just letting children know they are cared for and that the instructor has been there before and knows what they are going though. It would seem that the tacit understanding of both instructors is that the 'learners' in their care are actually embarking on a path of self exploration and that to facilitate this process an empathetic line of communication must established from the beginning of the program. Feeling free to interact with a teacher in a highly personal way, the children are able to find who they are, how they think and how they can form other relationships within the class.

This initial stage of self exploration sets in train the other complementary functions as well as initiating the cyclical linking of specific demonstrations with the 'giving off' of therapeutic understandings. Because the children feel comfortable and in a limited way believe their emotions and apprehensions are understood, they in turn are now able to begin to confront the environmental elements that awaits them. This initial pathway of language is similar to the optimum counselling component described by Carkuff (1969) and Egan (1977), who believe that empathetic understanding is the key to challenging people to display a reciprocal quality. It is more than verbalising feelings and emotions but is in essence a continuum of action, sending "... a message of respect, encouraging dialogue and collaboration in the helping process" (Egan, 1990, p.135).

Confronting Self Doubt.

> Come on Dan, forget that! You can do it. I fell off all the time on my first day too. My first month. I was the same age as you. Put your fingers right around the rails and your back foot further back. You're doing great. You can do it. Have a go. Get up into the break... (Mark, Instructor)

> It's ok to feel scared. We need to feel scared. Fear keeps us safe, it makes us careful. But now you have to take control of that fear, use it and make it work for you. You can go over that edge, you can do it. (Tony, Instructor).

Through this form of language the instructors in this project actively sought to engender an attitude of trust in themselves and also actively encouraged the children to "take a risk." In fact it could be stated that this is perhaps the cornerstone of the whole philosophical model they carry in their heads. It appears that when the children see they can 'simply have a go' without fear of ridicule and that, they become assertive in their own right breaking through barriers of self doubt. Recognising that their instructor is right there to offer encouragement, has been in their position before and that they are in a group that is undergoing the same learning experience seems to offer the necessary scaffolds to confront any feelings of "I can't do this." Most certainly all the children in Mark's surfing class all looked and listened when he spoke to individual children. It would seem that all took heart in not only his words of encouragement listened to his specific instructions but also tackled the waves with an increased vigour.

It would also seem that moving through this process day by day, listening to the instructions given to others promoted an increased sense of camaraderie and group cohesion. An atmosphere and sense of belonging to a community had been created wherein everybody has become coalesced into joint involvement and increased purpose (Dinkmeyer and Muro 1979).

Self Respect.

> Jules come and I'll show you where to put your feet and hands. ... Lie on the board, and move your hands up here, a little more. Your head goes here right on this black spot and when you jump up your feet a re spread about shoulder width apart. No, a little more. Now you do it without me having to bruise you. Great that's it; you've got it. You won't need me soon. You've got the idea of the timing it's just the technique. Go and try it. (Mark, Instructor)
>
> You're over the hardest part but you need to lean back a little more. Keep your feet shoulder width apart and stay strong in your legs. As you jump out let some rope slide through your hands, land softly and push off again. Remember, you're in control. (Tony, Instructor)

The language instructions, which had an apparent corresponding notion of "respect," are a multifaceted form. While it is language verbalised, it is also language demonstrated. More often than not when Mark was offering highly specific instructions they were also highly personalised which involved a great deal of invasion of personal space, touch and language that seemed on the surface to be simply encouraging. This form of language use seems to be the bridge between reliance on the instructor and taking ownership of the activity. It has elements of empathy combined with affirmations that each individual in the group is valued and now ready to take control for themselves. Quite often after a session like this on the beach or in the water there was an observable increase in enjoyment emanating from the children. They would smile, wave at their parents and initiate an animated discussion out in the water. "Nothing is a greater impediment to being on good terms with others than being ill at ease with yourself" (Elkins 1976:13).

Assuming responsibility.

> You nearly snapped one of the lips. Unreal! Keep your back a little more bent. Push down harder with your back foot and lean in to it. It won't bite its only water. You've got it now. You'll be on the circuit soon." (Mark, Instructor)
>
> You're doing really well. But let's concentrate on good form. Remember to relax and keep your jumps smooth and flowing. That's great, good jump...OK! (Tony, Instructor)

While this form of interaction was often associated with an increase in skill development it was also common to hear this form of language aimed at all the other members of the group. Taking control over their own actions and abilities, and pushing their mental and physical capabilities to the own personal limit appears to be not only the final key in moving students out of the initial novice stage, but also an integral force in moving them to higher skill levels.

It would seem that this form of language also elicited a series of questions from the student as opposed to simply taking advice. These questions were focussed on finer points of control and were periods of apparent intense reflection.

Debriefing.

> I'm not sure I guess what I was trying to get across to... These kids.... It was that they all went forward this afternoon. They all did something a whole lot better than yesterday. It was cold this arvo but no one gave up. They needed to hear that. (Mark, Instructor)
>
> I like to keep it simple. Get them thinking about "What impacted you the most?" and "What do you really think you learned out there today?" (Tony, Instructor)

Every surfing session with Mark ended with a group debriefing. They were all praised, each individual was given highly specific details on what they had accomplished and the group as a whole was given some form of explicit instruction and demonstration by Mark on the finer points of surfing. Although he has no theoretical understanding of the benefits of debriefing, he does believe that it is the "pulling together of all they've done" and sees it as a step towards self reliance and a "letting go of the apron strings."

Conclusion

As stated in the opening paragraphs this study is in its infancy and yet even the most cursory glance at any review of the literature related to the field of psychotherapy, reveals that the language "in-use" demonstrated by the instructors in this study is a key component in the counselling approaches recommended by Rogers (1959), Glasser (1976) and Egan (1990). Without even realising the importance of the tacit knowledge they put into practice within their fields of expertise, these instructors had become more than simply teachers of outdoor education but had seemingly become change agents in regard to personal development and self esteem. This has major implications for the way that outdoor educators interact with those in their care. It would seem that it is important that they remember Laings' (1967) entreaty, "I am presumably what they are describing, but not their description. I am the territory, what they say I am in their map of me..." (p.24).

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18

Learning New Behaviours through Group Adventure Initiative Tasks: A Theoretical Perspective

By Travis Kemp, M.A. & Leonie McCarron, Ph.D.

Abstract

In recent times, much attention has been directed towards the identification of personal changes and development within participants of adventure learning and therapeutic activity programs. Many of the behavioural outcomes and changes observed in participants have been anecdotally reported in the literature. These findings have included improvements in individuals' self-esteem and feelings of self worth, improved coping skills and general self-efficacy in client groups. These results have been reported in groups ranging from students in adventure education programs to executives in corporate training programs to adolescents "at risk" and clinical therapy programs. Unfortunately, there exists not only an absence of clear delineation between the diverse range of adventure based experiences, but apart from a generalised framework for facilitating personal growth and development, there has been little investigation into the application of established therapeutic intervention techniques to the adventure paradigm. The current paper presents a model for the application of behaviour modification therapy to adventure programs which utilise Group Adventure Initiative Tasks (GAIT)(Kemp and Piltz, 1995) as the medium of adventure for personal development.

Introduction

Outdoor and adventure based programs have a relatively brief history. Indeed, it is only in the last 25 years (Cason and Gillis, 1994) that these programs have grown and gained recognition in the fields of training, education and counselling. Adventure therapy enjoys an even briefer history, in fact, for many current therapists and counsellors in established clinical practice, the term adventure therapy is a foreign one. It was not until Michael Gass's (1993) book, *Adventure Therapy: Therapeutic Applications of Adventure Programming* that the field began an accelerated evolution towards its own unique identity. It was here that Gass identified the need for the continued exploration of links between current therapeutic styles and Adventure therapy. It is the purpose of the current paper to explore the relationships between broadly behavioural approaches of therapeutic intervention and their applications to adventure programs utilising GAITS as the primary tools.

Learning New Behaviour

Behaviours can be seen as learned responses to the environmental situations, which are faced by individuals on a daily basis. The field of Behaviour Therapy refers to the application of a variety of techniques and processes which are essentially based in learning and pedagogical theory (Corey, 1981) to the acquisition of new behavioural responses to the environmental situations faced by an individual. Hence if we accept this preposition, it is feasible to suggest that new behaviours may be learned to replace pre-learned behaviours which are either inappropriate or no longer useful to a person. Put simply, we are able to more effectively communicate and interact with our environment, ultimately leading to our needs being met more completely. Skills such as clearly expressing one's needs, resolving conflict, active listening and assertiveness all contribute to the person's interaction with others and ultimately to the individual's ability to have their needs met by their environment. When these skills have not been learned or nurtured or they have been learned ineffectively or insufficiently, clients may be unable to meet their needs through their relationships with others and, consequently, their personal growth and development may be affected. In more extreme cases, adverse effects on one's self-esteem, self-efficacy and general feelings of self-concept and adequacy may suffer markedly as a result.

Adventure therapy programs, in many cases, appear to aid the client's experiential and subjective process of self-exploration and development. Some participants also report associated feelings of increased self worth as a result of this experience. However there appears to be little understanding of a procedural framework for facilitating these improvements, often leaving clients with improved attitudes of "self" but without the skills and ability to develop and maintain these self-attitudes in the future. Hence any positive changes experienced as a result of the adventure experience may dissipate over time and given the few longitudinal studies in the Adventure therapy field, long term change is difficult to ascertain.

Motor skill acquisition theory has been presented widely in the past and Shumway-Cook and Woollacott (1995) provide a succinct overview of the prevailing perspectives within this domain. Because many adventure based activities currently utilised in adventure therapy programs grew from the fields of outdoor pursuits and outdoor/physical education, it seems appropriate that we borrow a conceptual framework for motor skill acquisition and apply it to the learning of new behavioural skills. Fitts and Posner's (1967) "Stages of Motor Development" model provides an excellent framework for conceptualisation of the process of behavioural learning through "GAITS". The model's structural simplicity can be directly applied and utilised by the adventure therapist to bring about behavioural learning or modification in the first instance, and further provide a framework for clients which will enable continued self understanding and development in the future.

Fitts and Posner's Model and Behavioural Links

Fitts and Posner's model of learning presented in figure 1 illustrates the progressive continuum of skill acquisition from the level of absolute beginner to that of expert practitioner as presented by Magill (1985). Magill provides a valuable synthesis of the characteristics of performance by the learner in each of these phases, which provides a useful foundation on which to describe an example of behavioural skill acquisition.

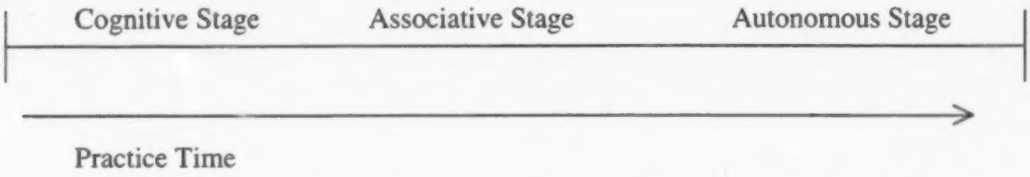

Figure 1. Fitts and Posner's stages of learning and time continuum (Magill, 1985)

Characteristics of the cognitive stage.

The characteristics of skill performance in this stage are often easiest to identify by the observer. The learner makes a large number of errors when performing the skill, and often these errors are very large or "gross" and obvious. The learner's performance is highly variable between each performance of the skill. The learner may complete the skill with a great deal of success on one occasion, but then on the next attempt, fail to replicate that level of mastery. The learner is often aware of a problem existing with their performance, but remains unaware of the appropriate course of action required to correct it. The low level of mastery of the skill, which the learner currently has, makes its adaptability extremely limited. Any environmental demands placed on the learner causes her/his skill to break down quickly and often completely as much directed attention are needed to focus on correct completion of the skill.

During this phase, the learner requires specific information feedback. Appropriate cues given by the teacher or facilitator direct the learner's attention toward the important elements of the skill requiring attention. The learning environment needs to be co-operative, controlled and "learner friendly". General feedback, which is positive and highly supportive, is required during this often clumsy and frustrating phase of skill development.

Characteristics of the associative phase.

As the learner progresses towards the associative phase, her performance begins to improve. By this stage the concrete fundamentals of the skill have been learned and the number of errors and size of errors is decreasing at a steady pace. The learner is beginning to refine the skill while learning a self-correcting mechanism through her ability to identify some errors in her performance and modify them through internalised feedback. Associated with these developments is a decrease in the variability of performance and generally improved performance. The learner requires continued feedback throughout this phase but is now able to process much more specific cues relating to her performance. This development enables further refinement of her performance. A more demanding and realistic environment can now be provided for the learner as they begin to attend to the demands of a dynamic situation.

Characteristics of the autonomous phase.

By the autonomous stage, performance of the skill becomes automatic. The learner can now perform the isolated skill without thinking or cognitive attendance. Self-regulation of performance increases and the learner has now developed the "closed loop" feedback system of the expert. The learner is also now able to adapt the skill to a variety of environments and situations without loss of technical competence thus allowing them to operate effectively in a variety of varying conditions. Generalised positive feedback and encouragement is required and the establishment of more demanding and achievable goals for further refinement of the skill is required. Subtle adjustment is made with the aid of highly specialised feedback from an expert outsider. The learner has now developed to an elementary stage of mastery, with improvements now coming less frequently than during the initial phases of skill development.

Putting the process in context: Forward paddling in kayaking.

Application of this theoretical development as it has been traditionally applied to motor skill acquisition can be best illustrated with the use of an example. Kayaking is a technically demanding and, as the learner develops, an environmentally demanding motor skill. The level of skill development required to paddle in extreme white water is universally obvious, but the expert paddler progressed through identical stages as any other learner.

As the novice paddler begins her lesson, there is fear, anxiety and excitement. She requires reassurance understanding and support. As she climbs into her boat, she is attending to the many instructions and cues given to her by her instructor. She wobbles and her movements are jerky. She may capsize easily and lose motivation to continue. As she begins to learn the basics of forward paddling, she will be unaware of the environment around her, instead focussing on the technique required to keep the boat straight. Much time will be spent correcting and turning around in circles but with guidance and support from the instructor, her skill development improves. The learner now begins to master the forward paddle and through small adjustments in her paddle stroke, begins to paddle a straight line. Other elements such as balance begin to fade away from consciousness as she begins to attend more to the environment around her. At the same time, other parallel skills such as sweep and draw strokes are practised and incorporated into the learner's paddling repertoire. Continued practice and refinement occurs over time until her skills are now automatic. She can paddle forward, backwards and turn free of cognitive effort. The environment is now manipulated as she begins her practice on moving water. No longer requiring focussed cognitive attention, her skills can be used and applied to progressively more demanding situations and conditions while her internalised feedback system, coupled with highly refined and specific feedback from her instructor, continues to perfect her performance. Few mistakes are now made and a level of mastery has been achieved. This process of development is similar in all learning situations. Although the length of time spent in each phase varies markedly between individuals, the learner nevertheless masters each phase sequentially.

Applying the model to learning new behaviours in the interpersonal domain.

The "GAIT" environment, in much the same way as a still clear creek, provides an ideal environment for the behavioural learner. When learning a new skill, for example, assertiveness, the learner will progress through the identical process to that experienced by the motor skill learner. They will require the same needs and demonstrate the same characteristics.

Reflect for a moment on the "Spider's Web" initiative (Rohnke, 1984). A group of individuals have come together for a "growth group" experience. Each of the participants has their own behavioural objectives, which they want to achieve. Assertiveness is one such behavioural skill, which is desired by all members of the group. The group begins by making agreements to support and encourage each other in a cooperative and empathic style. Various other "norms" are established to maintain a safe learning environment preventing any injury (imagine placing the novice kayaker on an extreme white-water river). The environment is therefore controlled and conducive to the cognitive level of the beginner. The task begins and through the group's interaction, one member feels that their needs are not being met. In the past, similar situations have resulted in feelings of frustration and disappointment because of a lack of ability to "speak up". The learner expresses their identification of a problem and the group stops. The group offers support to the learner and encourages her to express her needs. She stumbles and stutters her way through her expression of needs, fearful of the response from the group. In keeping with the agreements, other group members reinforce her bravery and congratulate her on her efforts while providing feedback regarding her performance. The facilitator coordinates these interactions to clarify any confusion. The group members work towards meeting the learner's needs and the game continues until completed.

This process may continue throughout the program and in different situations and tasks. When a similar situation arises again, her fears this time are lessened and, armed with the feedback from her last performance of assertiveness, she refines her expressions to the group and clarity emerges. Once again, support and feedback from the group and facilitator allows the learner to progress through the cognitive stage and into the associative phase of development. As the learner's skills of expression become autonomous, the group is allowed to stretch the boundaries of support, as the group becomes self functioning. Conflict may arise where the learner, now proficient in assertiveness, may adapt and apply her skills in a more environmentally demanding situation. Further refinement occurs and improved feelings of self emerge as personal needs are met and self-esteem develops. When the group terminates, the learner has developed her assertiveness skills to the autonomous level and now further refines her skill in the environmentally demanding "real world" situation outside the adventure group.

This process can occur simultaneously for all members of the group through the support, feedback and guidance from mutually co-operative group members and a skilled Adventure Therapist. It is this application and awareness of the characteristics and needs of the learner as she progresses through the learning process which allows for the creation of a conducive and effective experiential learning environment. Awareness of the current level of ability of the learner and their needs facilitates the effective implementation of behavioural learning through GAITS. GAITS and "adventure growth groups" allow the learner to practise previously unlearned skills in a safe and nurturing environment constructed to allow a sequential progression of challenge and mastery, free from the highly demanding "real world" environment. It is this process of sequential progression, which is difficult to achieve without the controlled environment of the adventure growth group. In much the same way as expert kayak paddlers are trained and nurtured by their teachers and coaches to achieve high levels of skill and mastery, so too can we provide this idyllic environment for behavioural skill acquisition, enabling our clients to master an array of "life skill" behaviours.

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19

Choosing Your Style: Approaches to Leading Adventure Therapy Programmes

By John Pickard

Introduction

Adventure therapy practitioners can be said to use adventurous experiences as a catalyst for personal and social change. For the purposes of this paper, the role practitioners take when they work with these change processes is that of a leader. Leadership can encompass a wide variety of styles. Effective leadership is not entirely about "good" and "bad" approaches. It is also about the ability to choose an appropriate style for a particular situation. For example, a leadership style may be quite appropriate in one situation, but be completely inappropriate in another. In my experience, adventure therapy practitioners often tend to fall into a pattern of using one or two familiar leadership styles throughout all their work. The use of these preferred styles can "fly in the face" of situational constraints and opportunities, thereby potentially limiting the achievement of desired outcomes.

In this paper I will explore some of the paradigms and variables that can influence a leader's choice of approach during an adventure therapy programme. In addition, I will give examples to help demonstrate the variety of influences that can arise during an adventure-based intervention. I hope that this paper will assist readers towards a greater understanding of the complexities associated with choosing an appropriate leadership style. I also hope that readers will gain an understanding of the variables that can influence their ability to lead groups effectively.

Paradigms

In his recent book, *The Web of Life A New Synthesis of Mind and Matter*, Fritjof Capra describes "The dramatic changes of thinking that happened in physics at the beginning of this century" (p. 5). He suggests that these changes "... led Thomas Kuhn to the notion of a scientific paradigm, defined as "a constellation of achievements - concepts, values, techniques, etc. - shared by a scientific community and used by that community to define legitimate problems and solutions" (Kuhn, 1962; quoted in Capra, 1996, p. 5)

Capra then goes on to define "...a social paradigm ... as 'a constellation of concepts, values, perceptions, and practices shared by a community, which forms a particular vision of reality that is the basis of the way the community organises itself' " (Capra, 1986; quoted in Capra, 1996, pp. 5-6). Others (Checkland, 1981; Flood & Jackson, 1991) have described paradigms as "worldviews", which is a term derived from a German descriptor "Weltanschauung". In this paper I will use the terms "worldview" and "paradigm" interchangeably.

In this section of the paper I will outline three paradigms that I feel help to describe underlying aspects of leadership and that can inform leadership practices. These worldviews can also assist practitioners to understand how and why other factors influence their work as leaders. The term "leader" is used here in its broadest sense, and it is intended that the term "leader" will encompass the roles of facilitator, teacher, consultant, therapist, and so on. The worldviews that will be described are the interpretivist, positivist, and critical perspective.

Positivist perspective.

> The [positivist] paradigm that is now receding has dominated our culture for several hundred years, during which it has shaped our modern Western society and has significantly influenced the rest of the world. This paradigm consists of a number of entrenched ideas and values, among them the view of the universe as a mechanical system composed of elementary building-blocks, the view of the human body as a machine, the view of life in society as a competitive struggle for existence, the belief in unlimited material progress to be achieved through economic and technological growth, and ... the belief that a society in which the female is everywhere subsumed under the male is one that follows the basic law of nature. (Capra, 1996, p. 6)

Positivism embraces linear cause and effect thinking in which wholes are conceived of as being no more than the sum of their parts.

Subscribers to positivistic thinking probably have a "tendency to create the abstractions of separate objects, including a separate self, and then to believe that they belong to an objective, independently existing reality" (Capra, 1996, p. 287). As a result, positivist's hold that the only valid forms of knowledge are those that are derived from objective, scientific-like inquiry. That is, positivists argue that objective observation will lead to objective and verifiable facts as well as the ability to develop law-like generalisations about the world. Consequently, "...the social world tends to be broken down into manageable packages: social class, racial prejudice, religiosity, leadership style, aggression, and so on" (Bryman, 1988, p. 22). "Thus one ends up with theories of juvenile delinquency, racial prejudice, bureaucracy in organisations, and so on" (Bryman, 1988, p. 19).

In general terms then, leaders of adventure therapy interventions who display positivistic tendencies may, for example, tend to work mainly with observable behaviours, the rational and logical, generalised models and theories derived from qualitative research, and with individuals rather than with social systems. Practitioners with a positivistic bent probably see that they are experts who should prescribe solutions for clients. For example, behavioural and psychological sciences have emerged from this paradigm. Table 1 summarises many characteristics of the positivist paradigm.

Table 1
Thinking and Values of Positivism

THINKING	VALUES
rational	expansion
logical analysis	competition
linear	quantitative understanding
theories formulated as generalisations	domination
Hypotheses deduced from theory & tested	anthropocentricism (human-centred)
empirically	prediction & control
reduction of problems (restriction of	precise definitions
contextual variables)	values free - objectivity
reliability & validity of experimental	generalizability of findings/laws
instruments	

Note: Table compiled from Capra, 1996 and Gallagher, 1984

Interpretive perspective.

Interpretivism emphasises the need to understand meaning ascribed to phenomena by others. (Bryman, 1988) From this perspective, reality is seen to be dependent on ones' beliefs and interpretations. Indeed, reality is also seen as a by-product of social interaction and negotiation. Therefore, meanings do not have independent and objective existence, and reality is determined by our relationships with others and more generally, with the world.

Consequently, it cannot be assumed that we can objectively identify 'social facts' without reference to the purposes, meanings and understandings ascribed to a situation by those immersed in it. As Capra (1996) points out,

> Cognition, then, is not a representation of an independently exiting world, but rather a continual bringing forth of a world through the process of living. The interactions of a living system with its environment are cognitive interactions, and the process of living itself is a process of cognition (p. 260).

Therefore, reality can be seen as an emergent property of social negotiation and interaction with the world. Capra goes on to say (1996), this paradigm does

> …not maintain that there is a void out there, out of which we create matter. There is a material world, but it does not have any predetermined features. ...There are no objectively existing structures; there is no predefined territory of which we can make a map - the map-making itself brings forth the features of the territory" (p. 264).

Therefore, in this paradigm,

> ... living systems cannot be understood in terms of the properties of its parts. Systems science shows that living systems cannot be understood by analysis. The properties of the parts are not intrinsic properties, but can be understood only within the context of the larger whole. Thus systems thinking is 'contextual' thinking.... What we call a part is merely a pattern in an inseparable web of

> relationships. Therefore, the shift from the parts to the whole can also be seen as a shift from objects to relationships. (Capra, 1996, p. 37)

A fundamental belief of this paradigm is that understanding involves an "... express commitment to viewing events, action, norms, values, etc. from the perspective of ...[others]" (Bryman, 1988, p. 61). Similarly, in order to understand reality one must exhibit,

> ... A preference for contextualism in its commitment to understanding events, behaviour, etc. in their context. [This] ... is almost inseparable from another theme ...[of interpretivism], namely holism which entails an undertaking to ...[understand] social entities - schools, tribes, firms, slums, delinquent groups, communities, or whatever - as wholes to be explicated and understood in their entirety. The implications of the themes of contextualism and holism ...engender a style of ...[thinking] in which the meanings that people ascribe to their own and others' behaviours have to be set in the context of the values, practices, and underlying structures of the appropriate entity (be it a school or slum) as well as the multiple perceptions that pervade that entity. (Bryman, 1988, p. 64)

Adventure therapy practitioners who subscribe to the interpretivist paradigm may tend, in general terms, to utilise a systems perspective (eg family systems theory; Gestalt psychology; etc), work with social groups rather than individuals, to want to explore the specific context of an intervention, and they will probably attempt to share power and negotiate to develop meaning with their clients. Table 2 summarises many characteristics of the interpretivist paradigm.

Table 2
Thinking & Values of Interpretivism

THINKING	VALUES
Intuitive	conservation
synthesis	cooperation
holistic/systemic	quality
non-linear	biocentrism
identification of interconnections	partnership
understanding of values, actions, & concerns	qualitative understanding
subjectivity of process recognised	observation & description
contextual	avoidance of pre-definitions
	practical experimentalism
	context-specific understanding

Note: Table compiled from Capra, 1996 and Gallagher, 1984

Critical perspective.

The critical perspective aims "... to critique the status quo, through the exposure of what are believed to be deep-seated, structural contradictions within social systems, and thereby to transform these alienating and restrictive social conditions" (Orlikowski, Baroudi, 1991, p. 6). An underlying belief of this philosophy is that people can be and in fact are coerced by social, economic, political, and cultural authority.

The critical perspective holds that conflict is inevitable within social systems because power is unequally distributed. This perspective also maintains that individual values, beliefs and interests tend to be "...oppositional and contradictory" (Flood & Jackson, 1991, p. 13). Therefore, conflict and coercion are legitimate tools for creating social change, and "...'genuine' compromise is not possible" between involved parties. (Flood & Jackson, 1991, p. 35) Systemic change is therefore seen to be both desirable and necessary.

In the context of critical theory, leaders of adventure therapy interventions are likely to become actively involved with changing the status-quo both, with or on behalf of their clients, or for other purposes as they see fit. In general terms, the critical perspective has found application in areas such as youth work, family therapy, and justice systems. Table 3 summarises many characteristics of the critical paradigm.

Table 3: *Thinking & Values of the Critical Paradigm*

THINKING	VALUES
identification and understanding of power-relations important	achieving maximum potential
	personal/ factional power and control
pursuit of power ongoing	human well-being & emancipation
assert personal/factional values & beliefs	liberation
struggle to resolve conflicts & divergences	equality
	freedom
coercive, competitive, conflicting relationships 'normal'	subversion of restrictive paradigms

Note: Table compiled from Flood & Jackson, 1991; Checkland, 1981)

Inter-Relationships between Paradigms.

Figure 1 shows how group leaders can use this model to map the paradigmatic underpinning of an intervention at any moment in time. If it is assumed that the sides of the triangle represent continuums between the three paradigms, then leaders can develop a triangulated plot to indicate the current status quo of the intervention. In Figure 1 the leader has been plotted in a central location, which indicates that interpretivist, positivist and critical paradigms are having a roughly equal influence on the leader at that point in time.

Central Elements in the Interaction with Paradigms

Positivist, Interpretive, and critical perspective can be relevant to individual participants in an adventure therapy programme, to the group, to the leader, and to the context of the program. The Individual participants are the people for whom the adventure therapy programme is designed to benefit. In this category we are concerned with individual perceptions, attitudes, values, beliefs, behaviours and assumptions. The group refers to the collective dynamic of a group of individual participants. A programme may be designed to meet the collective needs of a group. As such, this category encompasses the combination of perceptions, norms, values, attitudes, beliefs, behaviours and assumptions for a group. It represents the totality of group interaction and action, reflection and observation. This role of leader may vary throughout an intervention, and

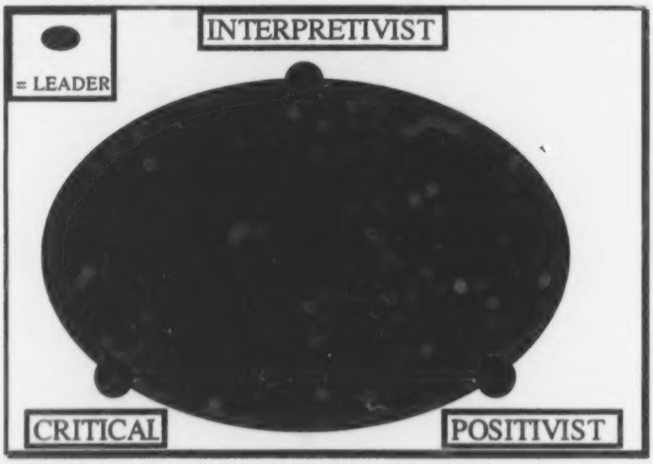

Figure 1. Interacting between Positivist, Interpretivist, and Critical Paradigm.

in fact, may be held simultaneously by several group-members. Leaders are characterised by their ability to influence individuals and/or the group. For example, a formally appointed facilitator, trainer, or therapist may fill the role of leader. In addition, this role may be filled by a group-member as the situation demands. The context is represented by external factors to an adventure therapy intervention, which have the ability to influence but not control the nature, extent, and outcomes of the programme. For example, the context may include financial constraints, political mandates, and social expectations. It may also include natural and/or constructed environments. These central elements can be seen to interact to create a specific situation. There will be overlap and duplication between variables. Therefore, it is through the interplay of all variables that a situation is defined. In the following diagram (Figure 2) the hatched area represents the situation.

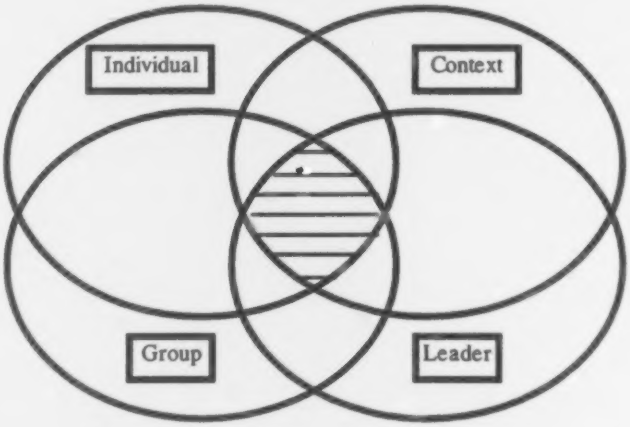

Figure 2. The Interaction between the central elements in the adventure process.

Relationships: Paradigms and Variables

Using the notion of paradigms and situational variables, as described above, it is possible to generate a useful model that examines how central elements are shaped and influenced by each paradigm. Table 4 summarises the dimensions that result from such an examination.

Table 4.
Interaction between Central Elements and Paradigms

	CENTRAL ELEMENTS			
PARADIGMS	Individual Participant (IP)	Group (G)	Leader (L)	Context CX),
Positivist (P)	P - IP	P - G	P - L	P - CX
Interpretivist (IN)	IN - IP	IN - G	IN - L	IN - CX
Critical (C)	C - IP	C - G	C - L	C - CX

Relationship between positivism and central elements.

P – IP: In a positivist framework, individual participants perceive that their individual needs must be met at all costs. Serious conflict can erupt in the group because of irreconcilable, divergent, and/or contradictory individual understandings, purposes and goals. Power is often used to achieve individual ends in the group. Individual participants may expect the leader to show expertise and to prescribe solutions without a great deal of consultation with them. They will probably also search for objective facts, generalised theories and models to work with.

For example, a young participant in a rehabilitative adventure-based programme ran off into the bush after the leader confronted her for hitting another group-member during an activity. Rather than listening to how her behaviour had impacted on other members of the group (a more interpretive stance) the girl argued that the other person had "deserved it" (being hit) because she had "got it wrong" (the activity).

In another example, a participant in an experiential group exercise was able to acknowledge needing help in order to complete the activity. This acknowledgment served as a powerful metaphor for the participant because he realised that he needed to seek expert help in order to resolve his drug dependency.

P – G: Groups that subscribe to positivist beliefs may have oppositional and contradictory interests, and irreconcilable conflict is a real possibility. Power imbalances, conflict, and adversarial relationships can exist and/or develop. Groups may well turn to "experts" to assist them to mediate and resolve disputes and conflicts that arise.

For example, during a bushwalk with nine "at risk" young people, two distinct factions emerged. Two boys wanted to walk by themselves, well away from the main group. The rest of the group felt a need to keep the whole group together and within visual contact. An attempt by the main group to resolve this issue paralysed the group with conflict. The group expected the leader to resolve the conflict by "laying down the law" in a prescriptive fashion.

Consequently, positivism can generate a group climate that values expertise as well as symbols and behaviours associated with individual power and prestige. For example, a participant in a rock-climbing activity gained credibility and influence within her group because she was the only person to complete a challenging climb.

In this dimension groups are also likely to value logical thinking, objectivity, and activities that emphasise individual rather than group achievement.

P – L: In his treatise on facilitation John Heron (1989) describes the relationship between positivism and leadership as the "hierarchical mode" (p. 16) of group leadership. He goes on to say that:

> Here you, the facilitator, direct the learning process, exercise your power over it, and do things for the group: you lead from the front by thinking and acting on behalf of the group. You decide on the objectives of the programme, interpret and give meaning, challenge resistances, manage group feelings, provide structures for learning and honour the claims of authentic behaviour in the group. You take full responsibility, in charge of all major decisions on all dimensions of the learning process. (p. 16)

Thus, the leader sees their role as that of an expert, and they attempt to characterise individuals, the group and the context in terms of objectively defined laws, models and theories (Searight, 1989; p. 1). In addition, the leader imparts logical, factual knowledge, and seeks to explain phenomena in objective terms. As an expert, the leader prescribes the purpose, nature and extent of the intervention. Leaders "...can ...[therefore] take satisfaction in an accurate diagnosis independent of its wider meaning for the ...[group]." (Kirmayer, 1994; p. 197)

For example, during a safety briefing for a rock-climbing activity a leader prescribed one, and only one way of belaying safely. There was no opportunity for negotiation: this safety boundary was firmly fixed. In another example, a facilitator assumed that an individual participant was lying because there was no observable evidence to suggest that their claims were true.

P –CX: in a positivist context the broader context of the intervention dictates what outcomes are required from the intervention, and how these outcomes must be achieved. The context is fixed: individual participants, the leader and the group may need to change in order to further align themselves with the context.

For example, a group of adjudicated offenders, in the context of the law, may be required to demonstrate behavioural and attitudinal change as a result of an intervention. In addition, the courts may require that offenders be constantly held in a secure environment, and that only certain activities and processes be used. In this example, neither the leader, individual group members, nor the group are in a position to negotiate or question these contextual requirements.

Relationship between interpretivism and central elements.

IN—IP: In an interpretivist framework, individual participants believe that social reality is constructed, and will attempt to engage the leader as well as others in the group in dialogue in order to develop a shared understanding about the nature of phenomena.

For example, the experience that an individual participant has on a ropes-course can influence the way that other group-members think about and behave towards the ropes-course experience. Joe, a participant in a ropes-course activity, seemed to find the activity easy. In fact, he chose to do several activities with his eyes shut. When he completed the activity Joe spent time encouraging and supporting other individuals to follow suite, making comments like: "Its not really hard..." and "go for it - it's OK!" By the end of the ropes course session several other individuals from the group had adopted this worldview.

IN—G: Interpretivist groups tend to acknowledge those individual realities may be divergent or different, but that a collectively constructed reality is both possible and desirable. Therefore, conflict, discussion and dialogue are all constructive mechanisms for achieving understanding within a group. Groups will attempt to use power relations that support these processes.

For example, a group who had just successfully completed a complex problem-solving exercise developed a group 'story' about their success, and the reasons for that success. Hero figures were identified, and with time, the story became rich in imagery and symbolism.

IN—L: John Heron (1989) describes the relationship between group leadership and interpretivism well.

> Here you share your power over the learning process and manage the different dimensions *with* the group: you enable and guide the group to become more self-directing in the various forms of learning by conferring with them. You prompt and help group members to decide on the programme, to give meaning to experiences, to do their own confrontation, and so on. In this process, you share your own view which, though influential, is not final but one among many. Outcomes are always negotiated. You collaborate with the members of the group in devising the learning process: your facilitation is co-operative. (p. 17)

The leader believes that the "...[c]onsciousness, motivation, intention, and self-preservation [of the group] are not fixed states to be measured and determined once and for all; they are the result of shifting processes of adaptation, of interpersonal negotiation and of rhetorical stance." (Kirmayer, 1994, p. 196) Therefore, the leader is interested in the perspective's of group-members, the relationships between group-members, and the relationships between the group and the context (Maseide, 1991; p. 545). Leaders with an interpretivist bias prefer to use a "...strategy which is relatively open and unstructured, rather than one which has decided in advance precisely what ought to be ...[covered] and how it should be done. It is also often argued that an open ... strategy enhances the opportunity of coming across entirely unexpected issues which may be of interest...." (Bryman, 1988; p. 67)

For example, a leader who has an interpretive philosophy will use debriefs as an opportunity to discuss and debate outcomes and processes with the group. These leaders will probably add their perspective to those generated by the group, but they will not attempt to tell the group how and what it should think. This approach, it is though, reduces the likelihood that people are simply responding to "...experimentally induced stimuli." (Bryman, 1988; p. 59)

IN—CX: The interpretivist context of an intervention is supportive of the idea of individual and collective construction of meaning. In order to generate meaningful information it is important to understand and account for the context. More specifically, an interpretivist context allows for and is supportive of dialogue, debate and conflict at all levels.

For example, a group of leaders from a large camp facility may have divergent views on the utility of an internal procedure. It is in the interests of the overall facility (part of the broader context) that they reach mutually satisfactory solutions to issues and concerns. Otherwise, the organisation runs the risk of becoming hamstrung through infighting and conflict.

Relationship between Critical Paradigm & Variables.

C – IP: Individual participants will critically reflect on the nature and extent of power relations in the group and in the overall context. They will focus their attention on attempting to free themselves of oppressive and restrictive constraints. Serious conflict is a valid process, especially when it leads to desired changes in the status quo. Thus, individuals may, either alone or through a group examine and challenge what they consider to be oppressive power relations that affect individuals from that group.

For example, during a "train the trainer" workshop about facilitation a participant challenged the leader's authority by stating: "I haven't learned anything here. I don't believe you are old enough or experienced enough to have anything worthwhile to offer me. I'm going."

C – G: The critical group will seek to identify and remove power imbalances and sources of inequality so that the group can gain autonomy. This may involve challenges to fundamental group structures and processes, to individuals within the group, to the leader, and/or to the context. Heron (1989) notes that there "...is ...[an] obvious distinction between individual autonomy and group autonomy. They can be at odds: what I choose may conflict with the consensus choice among my self-directed peers, who thus become my controlling hierarchs, directing my action. Therefore, group autonomy does not necessarily guarantee the autonomy of every one of its members." (p. 20) For example, a family group may become involved in an adventure therapy intervention that aims to work with issues of equality and power that exist within their family system.

C – L: The critical leader works with individuals and the group to develop and support equitable power relations and autonomy. The leader aims to divulge power to individuals and the group so as to support their ultimate autonomy. John Heron (1989) calls this the autonomous mode of facilitation, and describes it as follows.

> Here you respect the total autonomy of the group: you do not do things for them, or with them, but give them freedom to find their *own way*, exercising their own judgement without any intervention on your part. Without any reminders, guidance or assistance, they evolve their programme, give meaning to what is going on, find ways of confronting their avoidances, and so on. The bedrock of learning is unprompted, self-directed practice, and here you give space for it. This does not mean the abdication of responsibility. It is the subtle art of creating conditions within which people can exercise full self-determination in their learning. (p. 17)

For example, the leader of an experiential group set up a process whereby the group conducted a self-directed action-learning project. Group members took responsibility for choosing a project, determining how to complete the project, completing the project, and assessing the outcomes of the project.

C – CX: The context is supportive of the critical approach, and is fully open to change. Significant change to structures and/or processes associated with the context is possible and can be desirable. For example, in the context of significant power imbalances (eg emotional abuse) in a participant's family system, the desired outcome of an intervention might be to increase the participants' ability to remove themselves from the context.

Synthesis

As a "perfect" leader you would perhaps be able to respond with empathic flexibly to the varying demands of individual group-members, the group itself, and the overall context. In this paper it is contended that flexibility and the ability to empathise with our clients are both key features of effective leadership in the field of adventure therapy. This implies that leaders must develop the ability to understand and work within different paradigms.

For example, Kirmayer (1994) identifies a need for flexible, empathic leadership from professionals in the healing professions:

> The desire to have professionals provide and legitimate specific meanings exists in tension with the patient's need for self-authorship, for choosing specific meanings and, even more, for keeping a flexible and rich store of rhetorical resources available to manage the twists and turns of everyday life with symptoms and illness. Each medical diagnosis reduces chaos and offers specific metaphors for symptom experience but it also constricts meanings and constrains self-authorship. (p. 203)

Clearly then, there are situations which will support, if not demand a particular response from a leader. Leaders, on the other hand, bring their own paradigms to such situations. Therefore, leaders need to understand and respond appropriately to the paradigmatic frameworks that shape and influence situational variables associated with an intervention. Understanding situational variables can inform a leader's practice and allow them to respond to them in a way that will contribute to the success of the programme. In conclusion, Heron (1989) argues that leadership "...style ... transcends rules and principles of practice, although it takes them into account and is guided by them. There are good and bad methods of ...[leading] any given group, but there is no one right and proper method. There are innumerable valid approaches, each bearing the signature of different, idiosyncratic ...[leaders]." (p. 21)

Conclusion

In this paper I have attempted to explain why "...methodological diversity" (Searight, 1989; p. 14) is desirable, and how working from one worldview should not exclude the understanding and use of another. Therefore, the purpose of this paper has not been to develop a model that will prescribe the use of different approaches in differing situations. Rather, my intention has been to develop a framework that will inform the thinking and practices of leaders in the field of adventure therapy.

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20

Case Studies in Managing Psychological Depth

By Martin Ringer & H L. "Lee" Gillis

Introduction

In our 1995 article (Ringer and Gillis, 1995) we outlined a system for assessing and managing psychological depth in groups. Since first beginning to develop the framework in late 1992, we have run many workshops and had some wonderful feedback about both the shortcomings and the utility of the framework. After all, the test of any model is its applicability in the real world. In this paper we briefly present the original model before applying it to two real-life cases that have been offered to us by people from around the world.

Most of the interest in psychological depth has emerged from practitioners wanting to minimise the danger of psychological damage to participants as a result of engaging in inappropriately deep psychological levels. In this paper we will focus primarily on the management of psychological risk (Ringer & Spanoghe, 1997). A new factor that has recently emerged in discussions about managing psychological risk is the emotional vulnerability of the leader or facilitator when "depth" issues emerge in a group. The paper is based on case studies that illustrate some of the complexity of managing psychological depth in real life. Both cases presented below illustrate the vulnerability of both leaders and participants, and allow us to examine how the leader's own welfare is also an essential part of the system.

The eight level model

There are eight levels in our model of psychological depth (Ringer and Gillis, 1995). These levels range from "surface" at which group members aren't likely to experience much risk of emotional damage, through to "universal" at which participants are likely to feel very emotionally exposed. The model, as summarised in Table 1, below, is intended to be of practical use to group leaders and so we have provided four criteria that act as guides to which level any event may lead the group. These four criteria are presented as questions that the practitioner may ask him or herself. Our view is that the four criteria provide pointers to how "deep" group members may be drawn by a statement or event in the group. Speaker involvement - the first criterion - suggests that the greater the speaker's immersion in the event in question the greater the psychological depth. Involvement of significant others or original caregivers suggests quite deep levels, and involvement of spiritual entities *may* suggest even deeper levels. The criteria in the last two columns in Table 1 are more subjective and more likely to vary from participant to participant. They deal with perceptions of appropriate disclosure and with prediction of emotional arousal.

Emotional safety is a complex phenomenon that depends on many factors other than those described in the "levels" shown in Table 1. Susan Vincent describes another conceptual framework that is useful in the area of psychological risk or safety in her thesis and subsequent article in the *Journal of Experiential Education* (1995). Susan describes emotional safety as "...the amount of trust an individual has in his/herself, the group members, the instructors, and the environment..." (Vincent, 1994, p. 69).

Emotional safety and psychological depth are not the same thing. It is possible to deal with very deep issues and still have participants feeling relatively safe. "Deep" levels become unsafe when the group has not agreed to work at depth. For this reason, contracting of the group is an important precursor to working safely at deep levels because the contract provides the "container" for the work. However, a full exploration of the relationship between psychological depth and emotional safety is not possible in this space, so we will now move to the two case studies.

Application - case studies

We present the two case studies below, with some discussion (all significant details have been changed to protect the identity of key players).

Case 1: Leadership trainees in New Zealand.

This story is a combination of a narrative and an interview. Sam, the leader, provided us with the basic story and then we talked with him to obtain a fuller picture. Even now, as we read this story we are aware of how much more important information we could include if space allowed. But now, over to Sam:

> Hi, I'm Sam Twosett, a 41-year-old experiential educator who is co-leading a year-long adventure leadership program for teachers. An assistant instructor, who became involved a little later, was Andy Ahrmahli. This story involves one member of a group accusing another of stealing and using her credit card to buy electronic equipment. It turned out that the accused was reaching an acute stage in her closet bulimia and was in a highly distressed state involving both her guilt about the credit card theft and her shame about the bulimia and the messages from her group members that offered support and understanding.
> It may be a moot point that both staff members were male. The group was 21 in number, mostly young adults with at least one university degree who were part of a 12 month teacher education program. 12 participants were female and 9 male, with a racial mix of 16 whites, 2 Asians and 2 Maori and one Samoan. Age ranged from 24 to 32 so there is no question of "in loco parentis" here. The "blow-up" happened in the ninth month of the program, which allowed time for resolution, as it turned out. There were all sorts of "interesting" complications, such as the

dispersal of the group to teacher placements (a highly stressful event in itself) just over a week after the first revelation of the problem.

For all of us, except the central figure, it was our first experience with bulimia, and with the strength and quality of emotion which surrounded the issue on all sides we were seriously beyond our knowledge and competence. Quite frankly, I was frightened.

Table 1

Criteria for Assessing Psychological Depth in Groups

Question Level	In what way is the speaker involved in what the speaker is saying?	Who else is involved in what the speaker is saying?	As a leader, with whom would I expect the speaker to disclose what they're saying?	As a leader, how much potential emotional arousal exists in what the speaker is saying?
Surface level	They are not	It's about other (usually nameless or generalised) people	Anyone, this appears to be public information	Very little
Personally experienced level	Only in their social or professional role	Friend, colleagues, and workmates	Anyone in their social setting	Variable - from very little to intense emotion
Current task-level	Only as a member of this group right now	The people in this current group	Members of the current group	Usually little
Encounter level	Only as a member of this group right now	The people in this current group	Members of the current group	May involve a high level (eg anger, joy, sadness, excitement)
Contextual level	As a member of their current social, work or family group	Current family, classmates, pets, workmates, friends and colleagues	Friends and intimates	Often involves a high level (eg rage, ecstasy, depression, love)
Identity formation level	Very involved This is who they are	Memories of family of origin May involve recall of childhood trauma	Trusted companions and therapists	Usually involves a high level (eg despair, hopelessness, helplessness, love)
Historical /cultural level	Completely involved "These are my people"	Ancestors and cultural heroes	Facts can be discussed in public, but feelings are only discussed with trusted associates	May evoke feelings of patriotism, loyalty and pride to deep rage
Universal level	Immersed This is life itself	Spiritual entities (God)	Facts can be discussed in public, but feelings are kept absolutely private	Map tap feelings so powerful as to create existential ecstasy or doubt about existence of self or life's purpose

How were the issues of bulimia and of stealing dealt with in the group?

A student, Anne, came to Sam privately and, in distress, said that her credit card had been taken and used by roommate, Sarah, who was also a member of the class. Anne did not know what to do. Her concerns centred around the reputation of the programme, recovering her losses, hurt at betrayal, loyalty to the community which the class had built up and a worry that her Sarah needed more help than condemnation. Anne said she thought that Sarah had an eating disorder, but couldn't be sure. Her decision to notify the police was troubling her. Anne and Sarah had discussed their relationship and the theft but Anne was not satisfied that they had yet got it right.

At that time the class was working on group dynamics and there was a session that very evening involving a short hike and discussion of scenarios. It occurred to me that here was a group threatening, real-life situation, which had far more value and meaning than any invented scenario. I suggested that Anne raise the issue with the class in a context, which I would set up. Sarah was to be notified in advance that the class would be talking openly about the situation as a problem of community life, which needed to be dealt with. Sarah's willingness and readiness (however reluctant) were secured so that she was not ambushed.

We met in a comfortable hut where the group had often worked and lived before. I introduced the topic and Anne stated the issue and what she had done so far as well as what help she thought was needed. As the story unfolded, the mood in the group shifted from normal, through interest, to mild horror. Sarah then spoke, confessed to the theft, and explained how she was unsure of family support for restitution. Then she dropped the bombshell of her misery with bulimia and the false-face life she had been leading as a distinguished varsity athlete, strong, confident outdoorswoman etc. There were many tears. At this stage the group was shocked and silenced. The only sound was Anne and Sarah's quiet crying and some murmurs as those who sat beside them trying to offer comfort.

The surge of emotions in the room left me feeling "out-of-depth." I was ignorant of bulimia, having previously associated it exclusively with anorexia, and it was clear that his woman was not anorexic. The students seemed to be unable to deal with the revelations and their possible meaning. It was as though this strong resourceful community now found itself paralysed and powerless.

At this point, I did the thing that Anne and I had talked over as likely a desirable activity. I asked students to hike alone or in small groups on loops of their own choosing in the vicinity of the hut, planning to be back in not more than an hour. I took care that Sarah was fully included and had mutually agreeable company. I was frankly afraid to leave her alone.

On return, tea and snacks were available while the whole group sat and discussed their reflections on the revelations, moving from "how do you feel?" to "what might be done to help?" The community tried to secure the emotional safety of Anne and Sarah, but I continued to be worried, in my ignorance, of the possibility of suicide or other self-destructive behaviour for Sarah. I was unsure, even, what to look for as early warning signs.

The class ended with some action steps laid out. A support group was to form for the two women. Sarah was to come to my office next day to begin the process of finding help for her bulimia and her overall condition, particularly with the threatening event of moving to distant town for a demanding practical placement at a school within five days.

Two voices were at war in me. One was a sort of horror, the same I felt as I watched an open canoe with two paddlers go over a falls. This voice sounded out my ignorance and unreadiness for serious emotional trauma. It's partly disbelief and partly recognition that this is possibly the BIG ONE that everyone fears. It's not exactly unexpected. The other voice followed on from the predicability that sooner or later, if you mess about in people's lives, this sort of thing will happen. This voice had confidence: You have resources for dealing with this. The abilities and humanity of the students will effect a rescue. This is what you have been trained by experience and instruction to deal with at the emotional "first-aid" level at least. So stay cool, and look for healing and "wholing" opportunities. Be patient, relaxed, radiate the belief that this is normal and can be handled well. Then loop back to the beginning of this paragraph.

Next day, with Andy Ahrmahli handling part of the research, we dug out information on bulimia in general and on specific therapeutic options available. It was a great relief to speak to women who were ready to see Sarah whenever she wished. Through our institution we had immediate psychological and dietary counselling available. Several groups sent us detailed fact sheets by fax. Still shaken by what seemed to me to be an emotional and psychological "close call," I felt much less torn internally and much more cheerful when meeting Sarah to discuss her options for getting treatment while at the same time continuing in her professional training program without prejudice.

In later follow through, Andy Ahrmahli was a confidant and adviser to Sarah, as well as myself. The instructional staff worked as a team on this issue.

What were the most useful interventions you think that were made?

Patience, tolerance, acceptance and a positive non-judgemental attitude by everyone were useful. I think that the gentle one-hour hike for reflection set a tone for being patient and taking a long-term view of the situation. Coincidentally, it was a lovely soft gentle late evening. For me, buying that kind of time in order to gain knowledge and avoid irretrievable error was a critical positive move.

I recall that there were some humorous remarks passed towards the end of the critical class period. These were really warm and generated smiles and chuckles all round. That too, was an important contribution to making the climate more "normal." I'm aware of the way in which humour can be used to avoid important issues or even as a form of attack, but this was appropriate humour.

Were there any unhelpful actions that occurred?

I can't remember any. As I think of it, the class in community behaved with splendid forbearance, care, and maturity.

From your point of view, was this closed?

The relevant sequelae were that Sarah sought immediate therapeutic support, which did not work well given the stresses of her teacher placement. After that, she found other support and began a regime, which, over time, has given her a healthy eating pattern due to the underlying psycho-social changes she has developed. Sarah's family, contrary to her expectation, were supportive and the theft was made good without further legalities. Anne received general approbation from the class for her courage and sensitivity in identifying a complex wrong and contributing to righting it. The community formed by the class became very strong up to the time of being disbanded about three months after the events described above. Andy and I now know more about bulimia than we believed possible. And that's good because this little problem has become much more prevalent among young women and possibly young men in the outdoors field and all instructors need to be well informed. All's well that ends well?

I have struggled to give you the rich description you require because I am deeply concerned that it is very difficult to provide it without identifying the persons involved. All the group members are connected with outdoor and experiential education and even in an international community, the word gets around. I think that people who were deeply involved in this scene have enough experience of all the key players to have developed respect for them. My concern is that any description like the one I've give here lacks the richness of human experience and hence carries the risk of the reader making negative judgements about the people involved. That could be destructive given the amount of integrity shown by all participants throughout. But we need to be able to talk about such events so that we can share our learning.

I suggest that we start to grapple with confidentiality issues and how they may block institutional and professional learning from uncomfortable events. In this case we wanted to afford Sarah confidentiality about her eating disorder and so we were not able to take the story back to our institution as a whole. I'd like to find a way in which we can deal with this differently.

Discussion and questions on case one.

What level of psychological depth was the group invited to when Sam introduced the topic of Sarah's theft? We might say, "Encounter" because the topic was pretty much about the nature of interaction in the group. But "theft"! Doesn't that feel very risky and deep? With powerful issues like theft and honesty, many group members would have re-visited their earlier experiences where they would have experimented with theft as children. So these "heavy" topics tend to pull us deeper, even when there is not an explicit acknowledgment of this depth. Sam felt this and hence felt overwhelmed.

But then the additional complication of bulimia was raised almost simultaneously. Bulimia is known as a serious emotional/psychological disorder. Whilst this does not explicitly visit early life experience, it too moves the group towards the "identity formation" level because it is evocative of primitive experiences of being out of control of one's own life.

Remember that the purpose of this group was to enable education undergraduates to develop the competencies to use adventure education in their future work places. There was not contract for therapy. In theory, there was no contract to deal with the psychological aspects of the theft or the bulimia, but the theft in particular directly impacted on the ability of the group to carry out its primary task — that of interacting in a way that led to improved adventure leadership competencies. So Sam had no choice but to deal with the theft, and hence to open the group to knowledge of Sarah's bulimia.

Some questions we may consider include:

- How did Sam, Sarah, Andy and Anne collectively establish a safe context that honoured the original contract for developmental work rather than therapy?
- Did, in fact, the group avoid a therapy session?
- Was the group run according to the original contract?
- What levels did Sam experience inside himself?

- How did he translate his own functioning into action in the group? (e.g., did he always express in the group his own internal process and hence invite the group to the same level?)
- What actions on the part of any or all participants and leaders did you see as appropriate and which did you see as appropriate?

Case 2: Sea Kayaking in temperate climates.

Jessica, one of the leaders of an extended maritime journey, presents this case as a narrative. The country is not specified and all of the details have been changed.

I choose this case study because it is the straw that tipped the camel's back so-to-speak and led me directly to university to lean more about human change processes after six or so years working with adolescents in the outdoors. I choose it because it is dramatic but very typical as well. This, and many stories like it, happens all the time in my opinion with groups on multi-day programs. When an atmosphere exists in which teenagers/people feel safe emotionally and there is a high level of trust and respect amongst all members of the group (instructors included) things come out. As an instructor, I strive for that atmosphere. Don't we all? At the time, I thought that was entirely the point. But, I choose it mostly because at that time, I consciously leaned towards encouraging this kind of atmosphere (e.g., openness, respect, and trust) and in this instance the results really threw me for a loop and challenged my whole definition of emotional safety. Remember that this was a "normal" personal and social development program using adventure as a medium and we did not have a contract for "therapy."

About half way through a month-long day course, while chopping green pepper for dinner, (settled in to a wonderful cove, with clear weather, comfortable group feeling about our journey) Vicki (15 yrs.) told me that her older brother had been sexually molesting her since she was age 7. I knew it was coming. I didn't know exactly what "it" was but it had been building for the previous five or six days. Her seeking me out to just talk about life, her telling me she needed to tell me something but being afraid to. I found myself relying on my gut feeling almost entirely during this build up. I knew deep down that I had a responsibility to the rest of the expedition members. I knew that I had a responsibility to contact the "authorities" should she reveal that she had been molested or abused in any way. I knew deep down that it probably wouldn't be the best thing for her to confide in me because of a thousand reasons. And yet, I was flattered that this girl trusted me. The feeling of being the one and only person in her life that she'd trust to confide in was powerful. The knowledge that she'd held onto a secret, regardless of what it was, and due to the combination of factors, which made up this course, here, now, she wanted to let that secret out, to me. Whew, it was overwhelming. So, even though I went through the motions, I tried to connect her to other girls in the group, I tried to evenly distribute my time between everyone, I told her that I had an obligation to report any abuse or neglect to Family and Children's Services, she told me. Deep down, in myself, I wanted her to. She told me how scared it made her whenever her brother was around and how at night she got so scared that she sometimes slept in her closet for fear that he would come to her room. She told me that she hadn't told anyone in her life this secret. She begged me not to tell anyone.

Do I respect her request for privacy or do I call program administrative staff on the HF radio -- and if I do this, how on earth do I keep the rest of the group (not to mention half of the fishing boats in the area) from hearing this conversation? Do I share this with my co-instructor? He is a twenty-two year old man, the same age as Vicki's brother. Does that matter? Is there any immediate danger here tonight? Do I respect the rest of the group and acknowledge that there is, in fact, something going on with Vicki because my gut tells me that the rest of the group is aware of it anyway? Do I sleep on it? I slept on it.

The next morning, post morning dip but pre-breakfast, she asked me to talk with alone and told me that what she didn't tell me was that she was in love with her brother. That even though it scared her, it also made her feel good and grown up that a man wanted her physically. She brought out a photograph of him. In a flash, I saw in her eyes, adoration, lust, dependency, and devotion. Also in that instant I knew that even as an adventure group leader with six years experience working with teenagers in the field, I was in way over my head. I didn't have enough information, enough history, enough energy to "help" this girl in the way that I wanted to, given that we were in a secluded cove away from a phone. She was one of twelve group members, we still had another 13 days together, there was another student who was sick and might require a medical evacuation and I was working with an extremely capable but brand new co-instructor. But even stronger, regardless of clearly knowing my professional responsibilities, from that moment on, I struggled with my professional responsibilities and my heart. I was led into this field because I care about adolescents and love the opportunity to be a part of presenting new options to them and seeing what they do with those options. I can't be real or genuine without caring about these kids. Here was a girl who was in such pain, feeling so confused and that left me feeling that I just wanted to help, somehow.

And so the ball started rolling. Quickly it rolled out of my hands. I did eventually share with the group that there was something going on and I would appreciate their help while we sorted through it. I did eventually bring my co-instructor into it by requesting of Vicki that I confide in him and why I needed to (safety the rest of the group, etc). I did talk to program administration (via regular phone) and then to her psychotherapist who warned me that Vicki was manipulative and she doubted highly that there was any sort of sexual abuse occurring in the family. I did remind Vicki that no matter what I had to report this information to authorities and the program manager (even though in my head I was already trying to rationalise my way out of that mandatory reporting law). And lastly, Vicki, once she started talking, didn't want to stop. So I listened while trying really hard not to say much myself.

To make a long and painful story shorter (although the "processing" part of this story could go on and on). After much discussion with my program manager on the ramifications of reporting this revelation (could this really have been Vicki manipulating me to get my undivided attention? It certainly worked.) I reported it to Family and Children's Services. They said that if there was any suspicion that this girl was being actively molested by a person who was living in the home, that it was their immediate duty to keep her safe and therefore would keep her from going back into the home while they conducted their investigation. They said they would intercept her at the airport as she arrived back home from her wonderful wilderness sailing expedition. They also told me that once reported, I was no longer allowed to know anything about the case although I could request a notification of whether the results of the investigation warranted opening a case or not. That's it, no details of what happened.

That's where it ends. I still don't know what the end result of her confiding in me brought to her life. I know after hours of thoughtful discussions with program administrators that I really had no choice about reporting. Perhaps what was needed in this family was exactly what happened, to have this secret revealed whether it was true or fabricated. But none of that helped the "heart" part of me. Nothing helped the feeling that I was directly responsible for taking the ball so-to-speak and throwing it into someone else's hands. Or that perhaps I allowed myself to be manipulated and that my attention was directed away from those other nine students who deserved as much from their expedition as Vicki did. In a word, it sucked. But then again it was a huge learning experience and it enabled me to really think about what being an instructor really means and all the varying levels of responsibility that keeping the group physically safe is the easy part. Keeping the individual or the group or the instructors safe emotionally, that requires an ongoing alertness and awareness which is really easy to let slip by becoming caught up in the emotion of the moment.

Discussion on Case study two.

Jessica described how her own wish to be trusted led her deeply into a very stressful situation with a client. Intuitively she knew that she was heading in too deep for her own level of competency, but she also know intuitively that Vicki needed someone to talk to. How could she make her decision whether to engage or not to engage with Vicki?

In our model sexual abuse in the original family lies at the level of identity formation and hence, particularly when discussed in a group, leads to psychotherapy. Even if Vicki was talking about sexual aspects of a simple legal romantic relationship it would be in the deepest substrate of the contextual level. So normally, matters like sexual abuse and troublesome sexual relationships do not have a place in developmental programs. Did Jessica act unethically or did she respond, as she should have?

Jessica was clear that she strives for an atmosphere of openness and trust in her groups and it is this atmosphere that encourages deep levels of self-disclosure. Should we limit the building of openness? Should we discourage the development of strong levels of trust? Most would be horrified by this idea. So what can we do instead?

Jessica's story also highlights that sometimes "deep" events in groups will reveal events that legally require mandatory reporting of criminal offences. This bursts the bubble and can completely contradict the implicit contract between leader and group for confidentiality. Perhaps we need to warn groups up-front of our legal obligations for mandatory reporting.

In discussing this case some of the matters we may examine include:

- How do we foster trust and openness in groups and still honour the contracted level of depth?
- What can we do when we get "early warning" cues that a client is going to make a significant disclosure?
- What proactive means do we have for warning clients about our duty of disclosure - or should we warn them?
- How do we balance between a very needy group member and the needs of the whole group?
- What means do we have for managing the boundary between individual disclosure and whole-group discussions?

Conclusion

Psychological depth is a complex dynamic phenomenon that is difficult to determine in real life. Emotional safety is even more complex and dependent on context. In presenting and discussing these two scenarios we hope that readers have been stimulated to think deeply about how they deal with issues of psychological depth and emotional safety in their own programs. We will avoid the temptation of attempting to produce a definitive statement about what went on in the above two scenarios and we hope that any frustration arising from our decision will lead you to even more learning.

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21

Sustaining the Wilderness Therapist

By Jenny Bunce

This paper was developed from a workshop presented at the First International Conference on adventure therapy, July 1997. During the workshop, small groups shared and recorded their experience of personal challenges in wilderness work. These findings have been incorporated in this report, as a contribution to the opening of this important topic for wider discussion. Ongoing research collaboration is planned by 30 people from 5 different countries.

Introduction

Much attention has rightly been given to documenting the power of wilderness programmes to make a difference in clients' lives, but what impact does this work have on leaders and therapists? Practitioners in the field typically have very high levels of motivation, energy, and commitment, but there can be significant personal costs involved, and the sustaining of wilderness therapists is emerging as an important issue.

In the pioneering phase of wilderness therapy, emphasis has been placed on the sharing of vision, experience, enthusiasm, and programming concepts. Theoretical literature has included inspirational writing and discussion on the underlying philosophy, theory, and rationale of therapeutic wilderness programming.

Practitioners have most often undertaken research into wilderness therapy, and most attention has been given to description of programmes and the gathering of outcome data for participants, as required for accountability and for seeking funding support. Overall, there appears to be comparatively little process research of any kind. And, understandably, the research has focussed almost entirely on the clients rather than leaders or therapists. There is an apparent total absence of published empirical research on the effects on leaders on participation in wilderness therapy.

However, as discussed by Jennifer Davis-Berman and Dene Berman (1994), there are now increasing calls to the professionalization of therapeutic wilderness programming. We now see vigorous debate on issues such as terminology, training, certification, standards, regulation, and ethics. But there has been very little discussion on some related professionalization issues for practitioners. What kinds of people are most suited to the practice of wilderness therapy? Is the long-term practice of wilderness therapy a viable proposition? Who is it viable for? What are the personal costs? How do the challenges differ from those facing mental health professionals in other settings, or those facing wilderness practitioners whose programmes are not offered as therapy? Do practitioners experience any personal costs balanced by the significant benefits? What are the real costs to programmes of high rates of burnout and staff turnover? What consequential risks for clients are involved? What policies and standards could help make the work sustainable? And what can we do to look after ourselves and support each other?

Informal conversation with practitioners and programme directors suggests that these questions do indeed have current relevance to wilderness therapy. This conclusion is supported by an important recent study by Simon Crisp who investigated selected innovative adolescent wilderness and adventure therapy programmes in the United Kingdom, United States of America, and New Zealand. In his report (Crisp, 1997) he refers to "the very high potential for staff burnout, and the need to build in, and allow for protective mechanisms against this" (p. 36).

Staffing is typically considered a crucial factor in wilderness therapy programmes, and yet there has so far been very little writing or research to provide a solid basis for considering questions of sustainability. In private, experienced practitioners share their concerns and their experiences, but in public there is silence.

Silence in public may be in part a result of the pioneering phase in which there is temptation to minimise costs and focus on the immediate short-term challenges of mounting new programmes, rather than the long-term consequences for individuals who provide the service.

However, a conspiracy of silence may also arise from our cultural, professional, and gender-based traditions, which make it difficult for professional helpers to look after themselves, acknowledge difficulties, or ask for support. For instance within a New Zealand context, self sufficiency had survival value for pioneers; and versatility and sustained competency is expected of trained professionals. The political voice may suggest getting out of the kitchen if you can't stand the heat; and looking after yourself may be seen as weak for men, and selfish for women.

But the consequences of therapists ignoring their own needs are serious for themselves, and for those they are working with. For this reason, regular supervision is a common requirement for continued registration of mental health professionals.

An important aim of the workshop was to break the silence, and provide a space for participants to reflect together on challenges they have experienced in undertaking therapeutic work in wilderness settings. Collectively, we might more easily overcome any cultural or professional barriers to discussion. By drawing on the experience and collective wisdom of people from diverse cultural, professional, and programme backgrounds, a beginning could be made on gathering more systematic information to help with planning of effective, sustainable, wilderness therapy programmes, and to provide a stronger base for needed further research. Such discussion should also help individuals identify potential long-term risks in their own situation, and consider possible strategies for counteracting them.

This paper summarises the challenges identified by participants, and provides an overview of some general principles and strategies, which may help us, look after ourselves, support each other, and sustain our wilderness work.

What's Your Problem?

City-bound, office-bound, classroom-bound, and homebound people may ridicule or minimise the costs involved in therapeutic work in wilderness settings, which are often associated with holidays and recreation. Furthermore, wilderness time may impose additional responsibilities on those at home and work. Thus, the challenges for wilderness therapists typically extend beyond the work itself, as is illustrated in the following story. [Note that this story is based on themes identified from interviews with practitioners, but does not itself relate to any actual person or programme.]

> John was looking forward to getting home. He had just finished an intensive 15 days with a group of adolescents referred from the justice system. The trip was particularly hard work, with several kids seemingly out to challenge everything and to get in the way of those who were really motivated. One of the vehicles broke down on the way out, and he finally arrived home several hours later than expected. His wife had already left to go out to a concert in which his youngest child was performing, and Justin, his 13-year-old son seemed more interested in the TV programme than in talking to John. The next day, Justin said to John, "You care more about the kids at work than you do about us."

The effects of wilderness therapy on intimate and family relationships are frequently raised in informal discussion. And yet we appear to lack any systematic investigation. In an address given in 1988, Michael Gass commented in passing that:

> We would probably be alarmed to see the results of a research study that examined the effects of our profession [adventure therapy] on the destruction of interpersonal relationships. (Gass, 1993, p. 420)

Almost ten years later, the effect of wilderness therapy on intimate relationships was explored by Scott MacNaughton (1997) in another workshop at the Perth Conference on adventure therapy, with the intriguing title of "Home from the woods and into the doghouse: Home and family issues for wilderness adventure therapists." Scott's presentation drew heavily from his personal experience, and he too pointed to the continuing absence of research on this important topic. More generally, there may be a problem in sustaining a balance in life between work and non-work.

In speaking to a conference on careers in outdoor education, Gass (1993) suggested that one of the strengths of outdoor programme professionals was "lifestyle investment". However, the strength was also seen as one of the weaknesses of outdoor programme professionals. "Lifestyle investment" describes a work situation in which the boundaries between work and leisure are blurred. The work is intrinsically rewarding, and consistent with personal values, but it is also very "draining" and potentially destructive to other aspects of life.

Similar conclusions can be drawn from research into experiences of therapists working in traditional settings in the United States of America. Both positive and negative outcomes are reported. Jeffrey Kottler has summarised research and presented his own work in a landmark book "On Being a Therapist" (1993). While many of the specific costs of being a therapist do not apply to wilderness work, some of the general findings seem relevant. In these traditional settings it is found that almost all therapists experience times of burnout, and many find that their work impacts on family and/or intimate relationships. In the light of case studies and empirical research presented, it seems likely that therapeutic work in wilderness settings could be expected to demonstrate substantially higher levels of both these effects, since some contributing factors are much more evident, and some counteracting strategies are not available to wilderness practitioners. However, we may wish to leave open the question of relevance of Kottler's third general finding, that a majority of therapists admit to experienced disabling symptoms of depression or anxiety at some time in their professional careers.

Being a therapist also brings personal benefits, and both major personal benefits identified by Kottler seem relevant to wilderness therapy. Firstly, Kottler identifies the reward of the feeling that comes from "making a difference." In his own words, "the greatest kick I get is from the realisation that I said or did something, in isolation or as an accumulative effect, that made a difference to someone else" (p. 47). The basic concept of 'making a difference' is commonly heard from all kinds of therapists, and some wilderness therapists would also identify with Luks as quoted by Kottler:

> The joy we feel knowing that we have made a difference goes far beyond mere professional pride; sometimes this "helpers' high" creates an incredible surge of tranquillity, inner peace, and well being. (p. 46)

A second personal benefit of being a therapist is that of personal change and growth. Kottler illustrates this theme with a personal story, which also links to the power of wilderness experience.

> This process of change and growth works in mysterious ways. I had been working with a client who was exploring the utter predicability of her life. Even with success she felt stale, bored, restless, yet she was fearful of making an abrupt change that could take financial and emotional tolls. I squirmed a little, then a lot. I had just made plans to attend a professional conference I go to every year. I usually have a good time, meet some interesting people, and learn a few things I might try differently in my work. I heard my client elaborate further about her fear of taking risks. I felt even more like a hypocrite, berating her as I had for always taking the safe, predictable route. I did not even hear the last several minutes of the interview so caught up was I in reviewing the meticulous, controlled way I organize my life; even my vacations. When the session ended, I bolted for the phone.
> A month later, I returned from a snowcamping trip in the wilderness. This expedition, my alternative to a professional conference, gave me time to think about my life, its predictable routines, and several changes I might wish to initiate. My client, too, had changed during the interim - though she had no idea how her crisis had precipitated my own. As she related her determination to challenge her habitual patterns, I frequently nodded my head. I was nodding as much to myself as to her. (Kottler, 1993, p. xii)

Not only does wilderness therapy allow the opportunities for growth such as Kottler describes, but the work is taking place within a context which itself has long been associated with spiritual awareness, and personal growth and development. In the wilderness there are fewer places to hide from ourselves. Gaps between our walk and our talk may become obvious, and our normal self-distracting activities may be unavailable.

Indeed, Kottler's experience supports the concept that wilderness programming could offer a valuable professional development opportunity for office bound therapists. But we still don't know whether the potential powerful rewards of being a wilderness therapist can, or do, outweigh the cumulative personal costs.

Overall, it seems clear that available research is inadequate to address our sustainability questions about wilderness therapy. We still lack any systematic data from which we can discuss the extent or the nature of the problem. We lack knowledge of either short or long-term effects of being a wilderness therapist, and we do not understand how these differ for different people, or for the same practitioner at different points in their professional career and personal life. And we have no collective knowledge about strategies, which might help to sustain wilderness therapists. The time has come to pool our experience.

Difficulties and Stressors

The necessary first step in sustaining the wilderness therapist is to identify difficulties and sources of stress experienced by individual practitioners. In the workshop, the focus was kept.on short-term and process effects, with the explicit aim of exploring and honouring our differences, rather than aiming to identify commonalities. Since the time available was brief, and the work would be done in small groups, care was taken to structure the task to reduce the likelihood of inappropriate self-disclosure, while maintaining the focus on personal experience.

The focal question considered by the nine workshop groups was what are some aspects of working in wilderness therapy, which you have found difficult or stressful? The task was introduced by presenting 17 contrasting responses to this question taken from previous interviews with wilderness therapists, shown in Figure 1.

1. Having to function at night (larks) or in the morning (owls)
2. No time out for me for recreation.
3. Out of touch with home
4. Tensions with other leaders
5. Lack of privacy
6. Not enough adult time without kids around.
7. Language assault
8. Lack of self confidence in my skills and abilities
9. Weight of responsibility for troubled young people
10. Need for constant self control
11. Disruption to preferred personal routines
12. Coping with minor sickness e.g. flu
13. Coming down from trip "high"
14. Insufficient time for recuperation after time away
15. Sleep deprivation
16. Being caught in the tension between needs of individuals and needs of group
17. Difficulties in establishing and maintaining and nourishing intimate relationships outside work

Figure 1. Interview Examples of Difficulties Experienced in Wilderness Therapy.

Since most of the listed difficulties arose within the wilderness context, it was suggested that participants consider both internal and external difficulties and that, within these categories, distinctions are made between interpersonal and intrapersonal difficulties. Most groups chose to follow this suggestion, and recorded their responses in a 2 x 2 matrix. Figure 2 lists the difficulties recorded as internal to the work, while Figure 3 covers difficulties seen as external to the work. Responses from the nine groups have been brought together, but the basic data have been generally presented as received.

Intrapersonal:
Change in diet: white bread, cordial, eating times (can't eat when need to)
Having to operate within the same boundaries as the kids
Physical limitations, e.g. body weight, but still having to conform to same expectations
Hygiene, food preparation
Lack of completion with clients
Resentful of personal compromises
Coping with high/low peaks between programmes
Loss on a regular basis - loneliness
Shelf life
Impermanence of relationships
Constant highs _ lows
Lack of $ - relative to hours worked
The "extra backpack" (responsibility, actual physical extra work)
Being on call
Boredom from repeated trips
Copying maladaptive behaviours (coping)
Personal confidence
Feeling of loss re group
Can't control what happens ... uncertainty
Changing environment - no stability
Pressure to succeed - results, credibility
No debriefing for *you*!
Can't quit - stuck out there!
Being a sole female/male _ loneliness, scapegoat, insensitivity to perspective
Cerebral isolation
Working alone

Interpersonal:
Dealing with intense experiences. Who do we share these with?
Lack of contact with base team
Overintimacy/boundary issues - clients, co-leaders
Lack of empathy and support from boss - (behind desk)
Lack of support - agency, manager
Anxiety about healthy detachment vs. withdrawing and not caring
Having a willing listener whom understands
Lack of time out
Not a normal person in workplace (e.g. outdoor education teacher in school, chaplain)
Being a sole female/male _ loneliness, scapegoat, insensitivity to perspective

Other:
Lack of acknowledgment of needs
Having to sell and justify you and your programme

Figure 2. Difficulties Experienced within the Work Setting Identified by Workshop Participants.

Intrapersonal:
Shelf life
Lack of time to train in other interests (e.g. photography)
Lack of opportunity to withdraw into own space to rejuvenate
Lack of understanding from partners who also have their own needs
Developing same-gender relations
Developing relationships other than workmates
Lack of finances (salary)
Lack of support - friends, partner, family
Successful therapeutic relationships vs. unsuccessful personal relationships
Low pay
Dealing with responsibility
Difficulty in role switching, letting go of leadership, responsibility post-trip
Life on hold - can't deal with personal issues, and practical issues (e.g. bills, maintenance, etc.)

Interpersonal:
Making partners understand intense experiences facilitating this work
Choices made for other people
Loss of weekends - friends, families
Partner pressures at *their* work as a result of your work
Downplaying, discounting, lack of understanding demands of W.T.
Withdrawal from significant relationships by stress induced by working relationships
Having a willing listener whom understands
Tranquillity envy
Adapting to home
Devaluing of work by others
Significant others in the lives of co-workers - jealousy

Figure 3. Difficulties Experienced Outside the Work Setting Identified by Workshop Participants.

Benefits and Positive Effects

At this stage, no systematic data is available on the benefits experienced by wilderness therapists. However, some positive effects identified in interviews with practitioners and from the literature reviewed are noted in Figure 4.

1.Making a difference for clients
2.Wilderness experience
3.Time out from everyday pressures and concerns

4.No newspapers, phones, radio, TV, computers...
5.Back to basics
6.Personal growth, values clarification.
7.Balance of physical, emotional, intellectual, psychological, spiritual

Figure 4. Interview Examples of Benefits Experienced in Wilderness Therapy.

In problem-saturated contexts, it can be very easy to overlook the crucial significance of the "new-old story" (Hewson, 1991). However, educationists and therapists working from models such as behavioural, cognitive, narrative, and solution focussed approaches, remind us of the importance of exploring the resources, the positives and the strengths which co-exist with the problem. Thus, I suggest that the careful exploration and documentation of the benefits experienced in wilderness therapy could make a significant contribution to our discussion.

Barriers to Change

Wilderness practitioners seem easily able to reflect on difficulties, which are experienced in their work, and are often aware of associated long-term risks. We could confidently suggest that professionals involved typically have particularly high levels of personal maturity and interpersonal skills. And yet, it seems very difficult to address the issues, both within our work, and in the rest of our lives. What are some of the barriers to making changes?

Clearly, there is no available information on which to address the question of barriers. The following tentative suggestions are drawn from other kinds of professional contexts, and offered to open up discussion.

1. **Denial.** There is no problem, that will never happen to me, personal issues do not impact on work with clients, supervision is for students, and everything is under control.

2. **Fear and insecurity.** The fear of being exposed as personally or professionally inadequate is strong for many professional helpers, and the insecurity of many positions can feed this fear. Selling our programmes seems incompatible with attending to difficulties experienced by staff. Being sneaky in nature, fears can be particularly active in nighttime small hours, and produce sleep disturbance, which is itself, another source of stress. Insecurity, reduced self confidence, and low professional self-confidence, provide a shaky base for making changes.

3. **Security of the familiar.** It is possible that adventurers may be less affected by this factor than others, but there is a general tendency to stay with the familiar, to not "rock the boat", to choose 'the devil you know', to select reading material which validates our own views.

4. **Energy.** Seeking to make changes usually requires an investment of energy from both individuals and groups of people. At a time in which changes are necessary for the sustaining of therapists and programmes, energy levels may be already inadequate.

5. **Power and control issues.** Power struggles among field workers or management or wider systems may act as a barrier to change.

6. **Resources.** As "can do" and "make do" people, wilderness practitioners are typically creative and resourceful, but making changes necessary for sustainability may be greatly constrained by resource issues. If a successful pilot programme was run with

minimal resources, it might be very difficult to bring in the resources required to set up in a long-term sustainable way.

7. **Cultural, professional, and gender-based traditions.** Such traditions may make it harder for professional helpers to look after themselves, acknowledge difficulties, ask for support, take time-out, participate in re-creational activities, seek therapy, or even to engage in regular supervision.

8. **Client needs.** When working in therapeutic contexts, client needs are paramount. However, if we pay insufficient attention to the short-term and long-term needs of those providing the service, the work will be unsustainable.

Strategies for Sustaining the Wilderness Therapist

Workshop participants identified a variety of difficulties and sources of stress in their work, so we could expect specific sustaining strategies to show similar variation.

Strategies can be considered at the level of the programme, and at the level of the individual. For example, an interview with an experienced wilderness practitioner identified the following strategies:

At the programme level
- intensive pre-briefing time for leaders
- regular time out away from all other people during the work to allow for reflection and to keep perspective
- the right amount of variety in overall job description to maintain skills, but keeps balance and interest.

At the personal level
- maintain high level of physical fitness
- focus on reconnection with family after time away
- monitor overall balance - emotional, spiritual, physical, family

It is hoped that a further collaborative research project will bring together an extensive collection of strategies, which could act as a professional resource for those involved, and for others in the field. The workshop concluded with a presentation of some general approaches to sustaining the wilderness therapist.

While the focus is on the individual, there is considerable application to wilderness therapy programmes, and my suggestion is that programme staff and management could derive considerable benefit from exploring sustenance issues together, preferably with a facilitator. Note that the approaches described here are neither independent, nor mutually exclusive.

1. First things first. Stephen Covey together with Roger Merrill (1994) have produced an outstanding book entitled *First Things First.* Those with roots in experiential education or therapy, and hearts in the wilderness are not likely to need persuasion about the main message of this book. It provides an inspiring resource for our attempts to define what is truly important, and then to walk our talk.

Individual reflection can be further enhanced by discussion at home and with colleagues of the principles and strategies offered.

2. Training/ professional development. The demands on wilderness therapists are extremely, and sometimes unrealistically high. (Who else is expected to be professionally perfect 24 hours a day in isolated settings with an element of risk?). We need to develop the concept of a "good enough wilderness therapist" so we are not setting ourselves up for failing our clients or ourselves. It is hoped that current initiatives emerging from the Perth Conference will contribute to this important professional task.

However, because of the nature of the work, and the fact that no single training background is likely to provide the entire range of competencies required, ongoing training and professional development is a high priority for sustaining the wilderness therapist.

3. Team building. While most traditional therapy and much outdoor experiential and outdoor education is offered by a sole practitioner, wilderness work normally involves a team. Such teams may be small as partners working together in leadership roles in a stand-alone wilderness programme, or as complex as a large organization with rotating field-based staff, separate management and administrative structures, and interlocking programmes and services other than wilderness therapy. As is seen in Table 2, wilderness therapists may feel their work is not understood by others in their work setting, and that relationships with co-workers can be a source of stress. Regular timeout for facilitated team building could make a major contribution to such sources of stress.

4. Supervision. Within many therapeutic traditions, supervision is a key factor in the assurance of high quality services. It also provides a lifeline to sustain therapists and makes a significant contribution to professional development. Brigid Proctor labels these three major functions as formative, normative, and restorative (Proctor, 1994). Some of those working in wilderness settings have experienced the value of supervision, and some professional registrations held by wilderness therapists require ongoing supervision. However, other wilderness practitioners have not had personal experience or training in supervision, and furthermore, traditional models of supervision may not be the most appropriate for wilderness work. It is suggested here that supervision has the potential to address many of the issues involved in wilderness work, and a current research project exploring alternative models of supervision is in process.

5. Co-leadership and co-therapy. While relationships with co-workers can contribute to stress, participation in effective co-leadership and co-therapy relationships can be a rewarding experience leading to professional growth and development, and making a real contribution to sustaining the wilderness therapists involved. Roller and Nelson (1991) explore theory, research, and practice of co-therapy in a helpful book.

6. Contracts and job descriptions. In light of his conclusions relating to the high risk of burnout in the practice of wilderness and adventure therapy, Crisp (1997) recommends that administrators consider balancing the number of field days to non-field days, time off after long expeditions, and encouraging retention of staff by building career paths.

The negotiation of appropriate job descriptions and requirements would seem to be a key factor in the development of programmes that a sustainable in the longer term.

7. Self referral, seeking help. Because of the barriers identified above, it can be very difficult for professionals to ask for help. In many work places throughout the world, employers are discovering that employee assistance programmes are cost effective. We can all contribute to lowering the barriers by defining self-referral as an indication of professional strength rather than weakness.

8. Minding the body, mending the mind. Within the wilderness therapy fraternity, there is considerable knowledge and expertise in holistic approaches to wellbeing.

Amongst us are people with particular understanding of stress, relaxation, and fitness; of re-creation and recreation; of restorying, restoring, and new storying; of spiritual development and visioning. There are many helpful books and other resources available, e.g. Borysenko (1988) and Wilson (1995). What is our excuse for preaching what we do not practice?

9. Reaching out - professional support. The isolation of wilderness work can make the connecting with colleagues a particularly supporting and enriching experience. Attendance at conferences and workshops is a traditional avenue, but internet, phone, and Fax contacts can overcome barriers of time, money, and distance in linking with others. Joining specific or related professional groups is of great benefit and contributing to the development of the profession through such groups or in other ways, typically results in significant benefits to the individual.

10. Life beyond work. Because of the nature and the intensity of wilderness work, it is very easy to get badly out of balance, and put too many of our precious eggs in the workbasket.

Consider the nourishing of important relationships, the developing of roots in a community, the pursuit of unrelated interests and activities, and taking time to do nothing. Are these to be regarded as luxuries or a fundamental part of life? What quality of work will we carry out in the wilderness if our own lives are out of kilter? Covey and Merrill (1994) discuss four fundamental human needs - to live, to love, to learn, and to leave a legacy. Can wilderness work meet all four needs? If not, sustainability must include the arranging of wilderness work to make life beyond work possible.

Many of the workshop participants have chosen to be involved in further collaborative research relevant to sustaining the wilderness therapist. I believe that participation in action research is another powerful way in which we can address our sustainability issues in wilderness work, while at the same time, making a useful contribution to the evolving field of professional practice in wilderness therapy.

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22

The Wilderness Enhanced Model for Holistic Strategic Intervention

By Ray Handley

In the late eighties the world was a better place. Then, as the end of the millennium minus ten began, the wheels started to fall off. Economic fundamentalism surged into the public arena to take control, creating the accountability that would get everything back on track. Coupled with this, the enlightened offspring of the freedom thinking sixties/seventies generation entered late primary/elementary and secondary school. The clash of the dispassionate accountabilitists and the questioning, pessimistic hedonists began.

Within this climate education authorities were struggling to cope with the increasing problems generated by students with severe behaviour problems. Not that more students were necessarily being disruptive. It was just that fewer resources and less flexibility were available to deal with these students. Suspensions increased. And seemed to provide the main avenue for both punishment and rehabilitation. Unfortunately, a week or two away from a school that they really didn't want to be at anyway, to spend each day either surfing, watching TV or "hanging about" the community, did not seem to be having any marked degree of success. Alternatives were being tried such as support staff for schools, off campus schools and addition staff development, each with some success at the less entrenched, more compliant end of the disruptive student continuum. For those entrenched, non-compliant students a new strategy was clearly needed.

Within Australia, the New South Wales Department of School Education was particularly concerned. The South Coast Region set up a committee (the way things were done in 1988) and the issue investigated. Eventually, in 1989 a worldwide library search was undertaken to find approaches that had a record of success in turning around the attitude and behaviour of "at risk" adolescents. The resulting information revealed that outside of strategies such as those mentioned above, there were few with a proven effective result. What did appear however, was the long term, positive influence that a significant wilderness experience coupled with a systematic follow up program, could have in creating this turn around. It was therefore decided to run a pilot of this approach using the information gathered, and the expertise of several staff already working with "at risk" adolescents.

The guidelines presented in the literature provided the foundation for the type of wilderness experience used in this pilot. Luckner (1987) presents a summary of these guidelines:

1) A sense of disequilibrium.
2) Novel setting. Perceived risks are high which creates a sense of the unknown or unpredictable. A constructive level of stress is important. A minimum 10 days duration is recommended.
3) Cooperative environment. A group of 7 to 12 participants who share common goals and responsibilities. It is vital that the leader takes a role as a participant, and a model of coping behaviour.
4) Unique problem solving situations. Simple, concrete situations with direct consequences that develop responsible solutions and confidence.
5) Achievement and success. The rewards of effort and perseverance that lead to enhanced self esteem.
6) Processing the experience. Time is important for the participants to discuss their thoughts, feelings and actions within the group.
7) Generalisation and transfer. Using the experience as a metaphor for personal growth and future endeavours ie a lesson to be used in other areas of life. The follow up of participants is crucial.

While the pilot program was only able to manage a duration of six days, it did achieve a strong congruence with the factors above. With valuable insights and experience, especially in the area of leadership style and the establishment of disequilibrium, a report was compiled. Include in this report were observations and a formal evaluation of the attitudinal change evident from pre to post the experience. Most insightful among the observations were:

Quite unexpectedly and totally uncharacteristically, the students overtly relied on the bush knowledge of the supervising teachers. The further we were away from "civilisation" the more the level of general compliance became absolute and quite unfathomable. The importance of thinking carefully and positively before acting was reinforced through the often uncomfortable consequences that resulted from the failure to do this (e.g., water rationing, map reading, food provisioning, hygiene, washing plates and utensils)

An appreciation of the natural environment was developed. Interestingly, the incidence of litter decreased throughout the week without intervention or harassment by the teachers.

Evaluation

> On his or her departure from the bus each student followed the same pattern. They slunk off down their driveway without saying goodbye to either the other students or us. It was definitely a reluctant happiness to be home. (Handley/Delbridge 1989)

The formal evaluation moved away from traditional psychometric measures due to questions of their effectiveness and clarity with difficult, much-tested adolescents. The search for a means of assessment resulted in the formulation of a vocabulary analysis procedure based on the technique of content analysis outlined by Viney (1983). Based on the assumption that change is reflected in language - different perceptions and attitudes are accompanied by a different vocabulary with which they can be described, vocabulary analysis provided an observable, quantitative tool to assess change.

The procedure involved a taped conversation with the participants before and after a wilderness experience. The same set of open-ended questions were used during both interviews. It was the conversation rather than the answers generated by the questions that was important. These conversations were recorded, transcribed, broken into clauses and each clause searched for words with negative, positive, rational and irrational connotations. Below, in Table 1 are examples of words found in each of these categories.

Table 1
Examples of Words from Each Category

POSITIVE	NEGATIVE	RATIONAL	IRRATIONAL
good	stupid	some	should
better	sucks (sl)	few	nothing
choice (sl)	don't	will	noone
new	won't	often	never
like can	can't	probably	all
			every
			always

The percentage of words in each category was calculated against the total number of clauses. The results are summarised in Table 2. The trends in this analysis are apparent. Generally, the conversational language became more positive and less irrational.

Table 2
Percentage of Words in Each Category

NAME	POSITIVE		NEGATIVE		RATIONAL		IRRATIONAL	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Chris	15%	23%	12%	4%	14%	18%	7%	-
Daniel	5%	40%	48%	15%	5%	-	19%	13%
Sean	4%	30%	39%	30%	22%	10%	17%	5%
Adam	9%	11%	12%	25%	5%	5%	16%	-
Paul	23%	22%	30%	5%	13%	9%	17%	7%

With the description and success of the approach clearly outlined the formal establishment of a program quickly followed. The South Coast Wilderness Program was born, and following an intensive period of exploration, reflection and experience the wilderness enhanced model was developed as the theoretical basis for using a wilderness experience as a catalyst for attitudinal and behavioural change with "at risk" adolescents.

Before leaving the history of the program behind, there are several key events that can be noted as significant in the development of the model:

- A 1990 research fellowship to investigate outdoor programs working with "at risk" adolescents in North America consolidated the necessity for a clear framework and the insistence that staff possess a wide range of interactional skills with difficult adolescents. Both these components were critically hard to find in the programs investigated, and seemed to generate many of the problems the programs were experiencing.
- An independent evaluation of the program in 1991 was both supportive and illuminating. The program was identified as a cybernetic, systemic model. This provided a strong focus for the process of developing a clear model for the program.
- The gradual adoption across a range of location and situations provided a systematic confirmation of the academic, theoretical and practical validity of the model. Under scrutiny and duplication all key elements of the model have retained their credibility.
- With the history now complete it is necessary to describe the wilderness enhanced model, and the practical impact it has made in working with adolescents experiencing severe behaviour problems.

A Metaphor of Change, or a Change of Metaphor?

Three key concepts provide the basis for the framework of the wilderness enhanced model:

- Disequilibrium/Tension
- Metaphor
- Processing the experience

To remain consistent and reflective of the model a formal explanation of these concepts would be inappropriate and indeed impossible. Therefore, let the discussion begin with a story. A Sufi story.

> *A Death Indicated* (Indries Shah, 1971)
>
> There was once a dervish who had sixty disciples. He had taught them as well as he could, and the time had come to undergo a new experience.
>
> He called the disciples together and said:
>
> "We must now go on a long journey. Something, I am not sure what, will happen on the way. Those of you who have absorbed enough to enter this stage will be able to accompany me. But first you must memorise this phrase; "I must die instead of the dervish." Be prepared to shout this out at any time, whenever I raise my arms."
>
> Some of the disciples started muttering among themselves, now highly suspicious of the dervish's motives. No less than fifty-nine of the sixty deserted him, saying "He knows that he will be in danger at some time, and is preparing to sacrifice us instead of himself!"

> They said to him, "You may even be planning some crime - perhaps even a murder; we can never follow you on terms like that."
> The dervish and his sole remaining companion started the journey.
> Now a terrible and unjust tyrant had seized the next city shortly before they entered it. He wanted to consolidate his rule with a dramatic act of force, and called his soldiery together. He said to them:
> "Capture some wayfarer of meek aspect and bring him for judgment in the public square. I propose to sentence him as a miscreant."
> The soldiers said, "We hear and obey!" went into the streets and pounced upon the first travelling stranger they met. He happened to be the disciple of the dervish.
> The dervish followed the soldiers to the place where the king sat, while all the citizenry, hearing the drums of death and already trembling with fear, collected about.
> The disciple was thrown down in front of the throne, and the king said:
> "I have resolved to make an example of this vagabond, to show the people that we will not tolerate unconformity or attempted escape. You are to die at once."
> At this the dervish called in a loud
> "Accept my life, O Mighty Monarch, instead of the life of this useless youth! I am more blameworthy that he, for it was I who induced him to embark upon a life of wandering!"
> At this point he raised both arms above his head, and the disciple cried out:
> Munificent King! Please allow me to die - I must die instead of the dervish!"
> The king was quite amazed. He said to his counsellors:
> "What kind of people are these, vying with one another to taste death? If this is heroism, will it not inflame the people against me? Advise me as to what to do."
> The counsellors conferred for a few moments. Then they said:
> "Peacock of the Age! If this is heroism there is little that we can do about it, except to act more viciously until people lose heart. But we have nothing to lose if we ask this dervish why he is anxious to die."
> When he was asked, the dervish replied:
> "Imperial Majesty! It has been foretold that a man will die this day in this place; and he shall rise again and thereafter be immortal. Naturally, both I and my disciple want to be that man."
> The king thought, "Why should I make other immortal, when I myself am not?"
> After a moment's reflection, he gave orders that he should be executed immediately, instead of the wanderers. Then the worst of the king's evil accomplices, eager for immortality, killed themselves.
> None of them rose again, and the dervish and his disciple went on their way in the confusion.

This allegory provides an enlightening example of the wilderness experience. In reading (or hearing) and trying to understand the story, those participating are impelled to question, to search for, and to experience something of personal value. The story has no meaning in itself beyond an interesting, if somewhat ridiculous tale. Yet there is a depth of meaning beyond the words and characters.

Using the three concepts underlying the wilderness enhanced model this depth of meaning can be explored.

1. Disequilibrium. Called by many names - dissonance, tension, the edge, uncomfortability; disequilibrium is the key for shifting perceptions. It is the catalyst by which the process of change begins. In our story the disequilibrium can be understood in the momentary confusion when the reader reaches the end, and finds himself or herself unresolved in the knowledge of what the story was about. Was it a joke? Was it a parable? Was it just an interesting tale? Does it have some deeper meaning? Does it hold some spiritual truth? The uncomfortability or unsettledness created by this disequilibrium drives the search for inner comfort and meaning. This drive has no end, and in objective reality, no definition. It is a personal process of reflection and experience. While the story has meaning it has no sense. It is the tension between these two factors, which impels the reader to a personal response.

Applying disequilibrium in a wider context, Lewins (1951) takes the concept one step further. He argues that while the inconsistency between an individual's perception and reality results in a tension, which can only be reduced through a decision to change that perception, it has a more significant effect. He believes that the stronger the tension before a decision is made, the greater the tendency to carry on with that decision, or retain the changed perception. In effect, Lewins is taking the old saying "Non pain, no gain" well beyond the physical context, arguing that it applies in a much broader psychological and behavioural context as well.

2. Metaphors. Before the metaphorical nature of this story is explored, it is important to make some clear distinctions in the meaning of metaphor. While a much used term, it is the belief of this writer that it has been abused to the point where clarity of meaning has been lost. Therefore, a concise review of the meaning of metaphor is needed to begin this discussion.

MacCormack (1976) has analysed the use of metaphor in science and religion to convey concepts and meaning that are beyond our experience. On metaphor he states:

> During the last decade philosophers have moved far beyond Aristotles' notion of metaphor as the use of one word to stand for another. They want to show just how it is possible for some metaphors to create meaning, for others to express analogies, and for still others to become "dead" as they enter our everyday usage…. The development of a "tension theory" of metaphor does just that - to offer an interpretation of the various forms and uses of metaphor.

The link with tension/disequilibrium provides a helpful guide by which to understand metaphor, and how it can be used. A metaphor challenges our thinking. It creates a question for which an answer is sought. When answers cannot be readily found a tension exists in our mind and we are forced to develop our own understanding from our existing experience. This tension continues until an understanding is resolved or experience confirms the answer. MacCormac uses the metaphor "Man is a wolf" to illustrate this process. At face value the expression is nonsense. As a metaphor it directs us to search our minds for what information we have about man and wolves that will enable us to make sense of the expression. The tension created by the unfamiliar association of man and wolf motivates and challenges us to explore new meanings and develop a different perspective of the nature of man (or as MacCormac also points out, the nature of wolves).

As we understand this process the three forms taken by metaphors become apparent. Using McCormack's classification:

> 1. Epiphors - A metaphor that achieves its meaning by expressing experience that is analogous to that of the hearer. The analogy between what the metaphor expresses and what the hearer has experienced allows it become part of our everyday experience.
> 2. Diaphors - A metaphor that suggests possible meanings rather than expresses meanings that are confirmed by the hearer. The meaning of the metaphor cannot be fully confirmed or dis-confirmed by the hearer.
> 3. Dead Metaphors - Through common usage and familiarity these have meanings clearly defined and understood e.g., time flies. For this discussion these need not be considered.

It must be noted that these distinctions are academic only, as all metaphors possess both an expressive and a suggestive element.

Refocussing on the Sufi allegory, the suggestive and expressive nature of the story can be understood. The reader is drawn to read both the story and the mystery between the lines. It is important that metaphors are perceived as being in many ways beyond understanding, while retaining the ability to become a window through which understanding may come. The metaphor is a process, not an entity unto itself, and is relevant only in the context of the observer.

3. Processing the experience. The final outcome of this story will in all probability never arrive. As experience and insight change, so will the depth of meaning, unfolded from the tale. Therefore, in maximising the effect of the story it is important to focus on the process of perception rather than the perceptions themselves. It is not necessary to "debrief" or question the effect of the story, in fact it may be unhelpful, misleading and limiting to do so. What is necessary is that those experiencing the story are briefed on the process of exploring how meaning can be conferred. Given a vocabulary and process, the reader can undertake their personal search for a meaning that can be reconciled within the wider context of their lives. In essence, the reader only needs the support to find the questions and the means to articulate the answers. The answers themselves are important only to the reader.

Theory into Practice: Strategic/Non-direct Intervention

Essential to creating wilderness experiences that provide catalysts for long term change is the ability to incorporate disequilibrium, metaphor and the processing of the experience into a manageable, effective practice. The practical implementation of the theory begins prior to the wilderness experience and continues during and after the time in the bush. While context and client groups may vary, the fundamental emphasis underlying effective practice is the interactional style of the leader. If leaders dominate in any way — through rescuing, ensuring success, the enforcement of external discipline or unwarranted shows of skill proficiency — the theory is lost and the experience becomes another outdoor activity: interesting and fun, but with little personal challenge and meaning. Therefore, the interactional style of the leaders must focus the participant on finding the questions, experiencing the disequilibrium and metaphor, and processing the experience for personal meaning and relevance. How this can be achieved requires an understanding of the Strategic/Non-direct intervention exemplified within the wilderness enhanced approach. This can be briefly summarised in the following model:

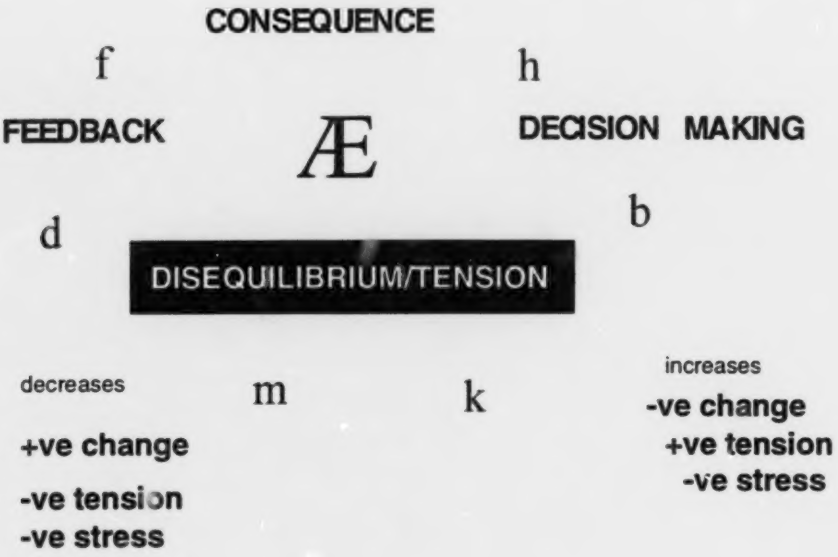
CONSEQUENCE
f
h
FEEDBACK
Æ
DECISION MAKING
d
b
DISEQUILIBRIUM/TENSION
decreases
+ve change
-ve tension
-ve stress
m
k
increases
-ve change
+ve tension
-ve stress

Figure 1: The Strategic/Non-direct Intervention Model

Whereas many approaches focus on the area of decision making, "Non-Direct Intervention" looks at providing the feedback to personally review the consequences. Through this, the tension/disequilibrium present within the experience is accentuated as participants face the inevitability of taking action. In focussing on decision making this tension is often alleviated and the experience becomes largely irrelevant.

Table 2 helps illustrates the difference between feedback and decision.

Table 2.
The Difference between Feedback and Decision.
(With reference to the Tension Model - Wilderness Enhanced Programs

FEEDBACK	DECISION
(when something is put back to itself)	(a point of position or exit)
Modelling	Advice
Storytelling	Lecture
Mystery - questions not answers	Interrogation - asks questions
Non-judgmental influence	Transparent Option outlines
Introspective reflection	Analytical dissection

In other terms, Non-Direct intervention is EVOCATIVE. It is the vehicle for metaphor and imagery. It invokes the questions for the experience to answer. Other approaches can tend towards the PROVOCATIVE. This is the vehicle for prescription and definition. They ask the questions for which answers must be found — usually with the options intentionally clear or accidentally limited.

With strategic/non-direct intervention the ability is created to effectively manage the group dynamics of the participants in such a way as to ensure the focus and direction of the program. Peer group pressure and interpersonal relationships can be adapted to work for the leaders rather than providing a united front again the imposition of the leader's will. The means to adapt group pressure is based on the leaders taking an informal mediation role within the group. The leader "bounces" pressure among the participants ensuring an even distribution of power and attention. This is achieved through the provision of consistent, non-judgmental feedback rather than intensive sessions of discussion compelling decisions, which may or may not be reflective of either the individual or collective, will. Attitudes and situations are mirrored to individuals through the group, and insights are presented with creativity and humour. Timing, patience and a clear understanding of the theoretical model on which the program is based are valuable tools for "getting it right."

A key emphasis of strategic/non-direct intervention is creating the freedom for failure. While much has been written for the need to build self-esteem through success, there has been little consideration of the need for failure to provide the tension, which from the lessons necessary for success can be experienced. Learning theory and experience generally concur that through difficulty, challenge or failure, changes are made, and lesson learnt. When success occurs, actions and attitudes are reinforced.

This does not validate the imposition of failure or creating experiences which "set up" participants for failure such as in "boot camp" style programs. What is does imply is that the interactional style of the leaders must be inclusion of giving participants the empowerment of making their own mistakes and finding their own solutions. Essential to strategic/non-direct intervention is a toolbox of approaches such as solution-focused intervention, reality therapy, conflict resolution, narrative therapy, and provocative therapy, cognitive restructuring. While it is beyond the scope of this discussion to outline these more fully, there is a wealth of material available that gives a clear guide to these approaches.

With the challenge of the wilderness experience providing a personal conjuration for the participant, the follow up can be used to explore and develop the many challenges overcome, or succumbed to, during the time away. A plethora of information and experience is available from the participant on their self talk, the differences and exceptions in their attitudes and behaviour, the narratives or stories on which their perceptions are based, and the provocative reality of themselves as themselves free of the defensive facades of the past. All that is required from the leader is the patience, commitment and skill to use the situations that occur back in the reality of home, school and the community to support the participant as they work to make sense of process. Working with those around the participant such as teachers, parents and community workers will assist in this understanding as consistent and informed feedback provides a further catalyst and a way of refining the lessons of the wilderness.

Evaluation

Throughout the history of the Wilderness Enhanced Model an emphasis on evaluation has pervaded all programs. Whether motivated by genuine interest, public accountability, departmental accountability, or hurried reactions to critical events, the need for evaluation has ensured that the model has endured a significant scrutiny from a wide cross-section of inquirers. As always with the evaluation of result as opposed to the evaluation of process and the consistency of the implementation practices to the theoretical model, all evaluation results are open to much interpretation. All that can be said is that the results found have satisfied the interests of those for whom the evaluations were completed. From within the model, the evaluation has taken the form of a systematic review and reflection, linked to a process audit of the program. Process auditing has been developed as a means to determine whether the current practices used by the program at any particular time are consistent with the stated philosophical and theoretical framework. This is achieved by breaking this theoretical framework into smaller components. Implementation practices are also broken into components and can then be matched again the theoretical components they are reflecting. Where mismatches occur an investigation is conducted to determine if the practice is consistent with the total process. If an inconsistency remains evident the practice is reviewed, and if necessary new procedures used to implement the theoretical framework. The use of process auditing has provided a valuable tool in the development of a clearly articulated and expansive theoretical basis for the model. Alongside this, it has provided a constant "check" on how the model was working and provides a clear direction for the ongoing development of staff skill.

However, where more traditional or quantitative information has been required, the following results have been used as indicators of success.

- A benchmark success rate of 80% has been maintained over the life of the Wilderness Enhanced Program. This reflects the percentage of participants presently included in the two-year follow up (those who were still at school, in further education or at work). While minor fluctuations have occurred (+ or - 5%) this figure has remained consistent over eight years.
- 96% of schools surveyed found the program to be moderately to very effective as a resource, and 84% effective for the students involved. (NSW Department of School Education Evaluation 1991)
- 93% of schools found the wilderness enhanced program a valuable to extremely valuable catalyst of behaviour change for the students involved.(South Coast Wilderness Enhanced Program Feedback Survey 1993)
- In 95% of participants changes in attitude and/or behaviour have been reported. Parents have reported a positive change in 84% of cases and no change in 6%. 94% of schools found the program to be moderately to very effective as a resource to the school, and 100% effective as a resource to the student. (Gippsland Wilderness Program Review 1994-95)
- Before the wilderness experience 92% of participants had been suspended. Following the wilderness experience 17% had received a one-day suspension, 6% had received less than 10 days and 77% had received no suspension at all. (Gippsland Wilderness Program Review 1994-95)
- 90% of parents would recommend the program to other people

- 81% of schools perceived a positive to very positive change in the student's behaviour. (Evaluation of the Met South West Wilderness Program September 1995)
- Teachers monitored a 37% improvement in the violent behaviour of participants from pre to post wilderness experience. (Behaviour Assessment Survey 1993 - 1995 SCWEP)

Several other independent studies have been conducted including a longitudinal research project (Brand 1996) and a detailed case study (Met south west 1993). These have further supported the value and effectiveness of the approach. A more detailed outline of these studies is beyond the time and space of this discussion.

In terms of qualitative evidence there is a incessant voice of approval as students, teachers and parents find that changes are made which draw some connection to the wilderness experience and the interactions that have followed. Some brief, yet insightful comments include:

> Asked why she was better at school, the reply came back. "Since the program I've realised there are just some things that you have to do." Student - Lowanna College, Victoria
>
> He is much easier to handle when a difficult situation is arising…still mixes with the same group (but) has the ability to make his own decisions. Teacher - South Coast Region, NSW
>
> Struggling under a heavy pack and making slow progress up a steep incline, the student comments, "This is hell. When I get back, I'm going to be nice to my Mum, because I've given her hell and now I know what she means." Student - East Gippsland, Victoria
>
> They (the students) are not perfect, in fact they are not always good, but they are no longer always bad…. During my 22 years teaching and my heavy involvement with the discipline and welfare structures at…. High School, the Wilderness Enhanced Program is by far the most successful program that I have seen for promoting an attitudinal change in these types of students. Head Teacher - South Coast Region, NSW
>
> I was on a one way path to self-destruction before I went on the wilderness enhanced program. I've got my School Certificate, and now I'm going to do my HSC. Student - South Coast Region, NSW

Conclusion

In finalising this discussion it is unnecessary within an adventure therapy forum to argue the value of using the wilderness experience as a tool for changing the attitudes of adolescents with behaviour problems. It is the definition the wilderness experience, and how it is used that is the key for success. From the experience of working with this client group over the last twenty years there are two fundamental components, which outweigh all others. First, a clear theoretical model must provide a basis for all practices. This must represent a constant and widely accepted approach, both within the area of adventure therapy and across other fields working with the same target group. Second, the interactional skills of the staff are paramount in the delivery of this framework. Without experienced, mature and insightful leadership any program becomes a collection of best efforts rather than a consistent example of best practice.

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23

Mastering the Mystery in Management: Issues of Culture in Adventure Therapy Organisations[1]

By Martin Ringer

The purpose of this paper is to help you improve your managerial effectiveness. Traditional management draws a boundary around rational and logical aspects of management and signals to the organisation that these are the important aspects of "how things are done around here." In this paper we challenge this boundary and suggest that irrational and unconscious processes are equally important in effective management (Stapley, 1996). In this context we use the word "irrational" to denote conscious processes where logic and rationality are neither relevant nor useful.

Adventure therapy costs money, takes time, and uses resources. In doing work with clients we need organisations to provide the administrative and financial frameworks. In short, adventure therapy groups are all supported by some form of organisation and hence are subject to some form of organisational management. For practitioners this management sometimes seems like "bureaucracy" that sets unnecessary limits and restrictions. The mind-sets of the program administrators sometimes clash with the values and wishes of the practitioners who work with clients. This paper offers some ways of making sense of the issues underlying these clashes and the apparent contradictions.

A thorough understanding of organisational culture is useful in maintaining healthy organisations that produce effective service to clients (Bate 1994). In this synopsis we present a view of six different levels of functioning in organisations, described in ways that will assist you to identify each level in your own organisation. A chart is provided for assessing how well your organisation is functioning at each level. This assessment is intended to assist you in focusing your managerial energy on the most important aspects of your organisation's functioning.

The model presented (see figure 1) — the layered systems model — is designed to support and reinforce models and theories that you already subscribe to and to provide you with an improved means of transforming managerial theory into practice. The model should help you make sense of the complexity, ambiguity, and contradictions that are involved in managing the everyday workings of your organisation (Quinn, Faerman, et al.

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[1] This paper is an edited and condensed report from Ringer, T.M., & Robinson, P. (1996) and is reproduced with the permission of the editor John Heap.

1990). It should also assist with managing the inevitable changes that occur in the delivery of adventure therapy programs.

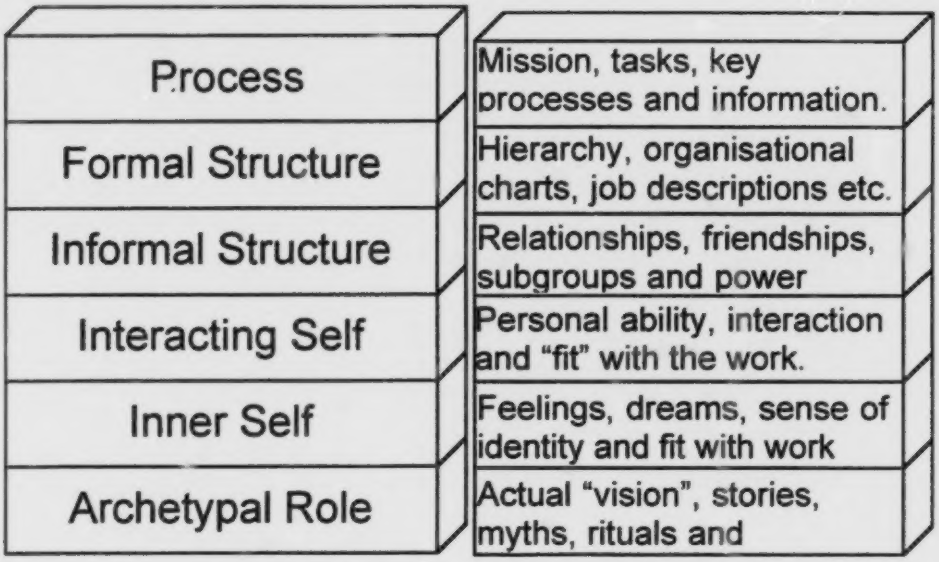
Process
Mission, tasks, key processes and information.
Formal Structure
Hierarchy, organisational charts, job descriptions etc.
Informal Structure
Relationships, friendships, subgroups and power
Interacting Self
Personal ability, interaction and "fit" with the work.
Inner Self
Feelings, dreams, sense of identity and fit with work
Archetypal Role
Actual "vision", stories, myths, rituals and

Figure 1. The layered systems model in hierarchical form.

A synopsis of the levels

The process level involves the organisation's mission or primary task and the core activities that are carried out by the organisation to achieve its primary task (Obholzer and Roberts 1994). For example, an organisation may exist to provide high quality and accessible adventure-based therapeutic opportunities for adolescents who are recovering from chronic substance abuse.

The primary task and core activities are supported by the formal structure, which includes budgets, organisational charts, and strategies (Woodcock and Francis, 1990). A risk management plan and the policy on client screening and acceptance, are examples of parts of the formal structure. The informal structure, which represents how members of the organisation actually relate to each other, can either support or undermine the formal structure (Egan, 1994). Examples of issues at the level of the informal structure are the professional rivalry between social workers and adventure leaders or the differences between program staff who favour behaviourist approaches and staff who favour humanistic approaches (Roberts 1994).

The level of the interacting self focuses on the capacity of each member of the organisation to perform effectively. For example if the program is based on 12-day expeditions, staff who lead the expeditions must be able to lead the physical aspects of the expeditions and adapt their lives to regularly being away from home. The theme at this level is personal competence to interact with all aspects of the program and clients (Quinn, Faerman, et al. 1990; Senge, 1992).

The next level of the inner self is rarely discussed or worked with in organisations. A mismatch between a person's internal sense of self and his or her role in the organisation can cause irreparable difficulties for the organisation and for the individual (Smith 1995).

A person who has strong humanistic values may experience intolerable frustration if required to implement behaviourist interventions daily in the course of running programs.

Each team member must also have some affiliation with the corporate identity of his or her organisation otherwise there will be a mismatch with the organisation's archetypal role. If the program feels like a military camp but an employee's archetypal image resembles the teacher in "The dead poets society", it is likely the employee will feel like a misfit and may need to leave or attempt to transform the organisation. Most organisations attempt to capture their archetypal role in their vision statements, although many fail (Aubert, 1995).

The levels in more detail.

When you realise that something is amiss or needs changing in your organisation it can be difficult to know what is the symptom and what is the problem. Table 1 provides a brief overview of the type of symptoms occurring when a problem occurs at each level. Some potential remedies to problems at each level are suggested. Table 1 could be seen as a condensed diagnostic table for managers.

Table 1

Core issues, problems, and interventions for each level of the layered systems model

Core issues for each level	Problems encountered if the level is not functioning well.	Possible interventions
Process A clear understanding of the reasons for the organisation's existence and conscious design of appropriate activities to achieve the organisation's mission.	Aimlessness, lack of purpose. It takes too long to achieve objectives, excessive resources are used in achieving objectives and the quality of the outcomes is poor.	Identify the primary task of the organisation or team. Identify and model the essential steps in the work flows. Identify key performance indicators Relate key performance indicators to the essential activities. Raise manager's awareness of the importance of process analysis and design.
Formal structures The adequacy of the official structures and tools that have been put in place to carry out the essential activities of the organisation.	Decisions get made through personal influence and are not made by people who are meant to make them. People argue about who should be doing what and some things do not get done at all. The organisation seems fragmented. Time and resources are wasted.	Restructure. Ensure tasks, roles, and resources are clearly allocated. Ensure that adequate job descriptions and role statements exist. Ensure that adequate structures for responsibility, accountability, and reward exist. Develop or improve the means of appointment, promotion, staff development, and termination of staff "Size" jobs and review staff numbers and capabilities.
Informal structures The overall quality or interpersonal interaction in the team or organisation.	People fight or form power blocs. The organisation is divided. There is a sense that who	Use interviews to identify problematic relationships. Compare the formal structure with the informal structure. Run remedial workshops.

	you know is more important than what you do. Industrial trouble is common.	Run team building workshops. Mediation and conflict resolution in serious cases. Problem solving meetings between conflicted parties.
Interacting Self The "fit" between self and allocated tasks as well as the fit between self and all aspects of work environment. This includes a person's ability to relate in a satisfying way to tasks, other people in the work place, physical space, work procedures, software, and equipment.	People withdraw into their own work areas. Cooperation across organisational boundaries is reduced. Blaming occurs and client focus is lost. "Busy work" prevails, mistakes are made and people avoid key tasks.	Training needs analysis Role training Honest analysis of all team members' competencies to carry out essential tasks. Interpersonal skills training. Technical skills training. Managerial skills training. Coach managers to relate to staff at the level of the interacting self.
Internal self The fit between self and occupation or between self and role in the organisation. Unconscious processes are very important.	People leave, get sick, complain, and undermine efforts for change. Self-esteem, sense of competence, and sense of control over the environment is reduced. Sense of being liked is threatened.	Reassessment of suitability of individuals for the job. Workshops on "change management." Training in self-management, assertiveness, and communication skills. Coach managers to relate to staff at this level. Employee assistance counselling or therapy.
Archetypal role The fit between self and the organisation as a whole. Personal identity, core values, and ideology are at stake. Unconscious processes dominate. Conscious change at this level is difficult to achieve.	Inexplicable crises occur. The best-laid plans do not work. People leave, get sick, and tell destructive stories or jokes about the organisation. People say things like "we used to care about people, now we're just in for the money." Small complaints become industrial disputes. The organisation creates a constant stream of new initiatives.	Workshops on change management including story-telling. Workshops that include analysis of team culture. Corporate rituals and ceremonies. Timeline analysis of organisational life cycles: Past, present, and future.

The process level and the level of formal structure are based largely on rational and logical principles that can be dealt with by focusing on conscious processes. The levels of informal structure and interacting self have strong emotional, intuitive, and irrational aspects. These two levels also have strong logical and rational components. The last two levels of the inner self and archetypal role involve mainly irrational aspects of functioning that normally operate beyond our conscious awareness until we pause to focus on them.

As the levels change from primarily rational to primarily irrational, our tools and techniques need to change. Analysis of the processes and formal structures calls for clear, systematic, rational techniques. This is the domain of structural reviews and traditional strategic planning (Hammer and Champy, 1993). Many adventure therapy organisations are relatively weak on structures and rational aspects of management because their cultures tend to value humanistic principles and sometimes mistakenly see rationality as "the enemy."

Once irrational aspects such as the forces of attraction and repulsion in human relationships are encountered-in the level of the informal structure and the level of the interacting self-there is a need to mix rationality with more holistic views of management. Adventure therapy organisations may overvalue informal relationships on the basis that getting along well is more important than doing the work.

At the level of the internal self, each person's internal world becomes the focus and rationality is least useful. The construction of meaning and the more individual philosophical and psychological models become more useful (Pauchant, 1995). A strength of many managers of adventure therapy programs, derived from their training in counselling and therapy, is their comfort with the area of feelings, self-concept, and the personal construction of meaning. Some problems arise when an adventure therapy program is a small section of a larger organisation that has a different primary task. An example is an adventure therapy program that is a part of a large organisation specialising in the running of age- care residential homes.

There is increasing evidence supporting the idea that these messy and illogical areas are just as important to the health of organisations as the more rational and logical areas (Stapley, 1996). The challenge is to know what to deal with. The level of the archetypal role is influenced by the collective actions of all members of the organisation and does lend itself to attempts for direct influence. In adventure therapy when funds are difficult to find, a common destructive archetype is that of the impoverished organisation. This theme can easily pervade how an organisation does its work (Hoggett, 1997). However one of the most powerful indirect influences on the positive archetypal role is the behaviour of leaders who are in visible positions. Managers who act in accordance or congruence with the desired archetypal role are likely to influence those who witness and hear about exemplary managerial actions (Osterberg, 1993). Managers can also offer covert and overt rewards to others in the organisation whose actions reinforce this archetypal role. Valuing the deep and powerful aspect that we call archetypal role can influence the organisation at this level. This calls for managers to allow themselves to act more as artists or storytellers rather than strictly as rational managers (Bate, 1994). Our own experience suggests that few managers operate well at the level of the archetypal role and those who do seldom have the language to describe what they do.

We hope that this paper will help you pay attention to all of the levels described above. We hope that the therapeutic flavour of your organisation leaves room for rational aspects of management and that your valuing of irrationality enables you to act and communicate about your actions in the irrational levels.

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24

Dealing with Religious Issues in Adventure Therapy

By Tom Shackles

Introduction

The focus of this paper is to explore different responses to "religious" questions raised within adventure therapy programs. The paper starts with the development of a matrix designed to provide a structure by which the questions, and how they can be dealt with, may be viewed. The bulk of the paper is then devoted to the possible ways in which therapists and institutions can respond to the questioning. In so doing the thesis concerning the necessity of the interaction with religious education is addressed. Adventure experiences often give rise to "religious" questions. Therapists working in this environment for any length of time will invariably encounter people who raise these questions. Two examples will be given to demonstrate the sort of issues that may arise. Brief comments will also be made about the inadequate handling of the issue.

Toni was sitting thoughtfully after a day's "roping" work. In conversation with the leader of the program, the concept of fear and its implications for us as human beings were explored. What is its source? What does it mean? It was good that such questions were being asked. What was not as satisfactory was the fact that the previous life experience of this young person had not provided any tools for dealing with issues such as this. What the young person needed (other than someone to bounce ideas off) was a framework for considering the issue that placed personally held views in a bigger picture.

Another young person from a disjointed home background, and then in foster care, was giving strong signals of desiring attention. An incident arose where the young person was chopping through a sapling with a knife. A leader within the group rebuked him for the action. For the leader, religious education can be used to help work through the relationship between preservation of the environment and care for self. It is the author's belief that trying to advocate the former without first nurturing the latter is a waste of effort. For the young person, religious education can provide a range of views of personal value and relationship with the natural world to assist in forming and reforming his own belief system.

Focus Relationship Matrix

The above are two examples from the different foci of attention and range of relationships possible. The belief issues raised within adventure therapy can be divided into three categories of relationships: relationship with the self, relationships with others and relationship with the natural world. The foci of attention for examining these relationships also can be divided into three: clarification of the student's own beliefs, examining the beliefs of the life-world or the dominant group in which they are placed and lastly, examining the belief systems found within traditional religions. Combined these produce a three-by-three matrix as in Table 1.

Table 1
The Focus Relationship Matrix

	Level of Relationship		
Focus of Attention	Self to Self	Self to Others	Self to World
Belief Clarification			
Life-World Belief Systems			
Traditional Belief Systems			

I will now proceed to explain the differing foci of attention before outlining how these will arise as issues within the relationship levels. Once this is done different responses to the raising of issues will be considered and evaluated.

Foci of Attention

Challenging experiences in the real world produce doubt or discord within the individual. In dealing with the resulting discrepancy, the three foci of attention are important. In the first example, Toni was grappling with the notion of fear. Belief clarification is concerned with assisting her to understand her own view. This understanding will involve both what she thinks and feels. The second focus of life-world belief systems is important in understanding how her peers and the wider social group in which she is placed view the matter. Is it "cool" to be afraid or show fear? How do her parents operate? In this focus, the views of those most significant to her are the most significant views. The last focus is to understand differing traditional religious views. How would a Muslim respond? Are Christians ever afraid? Is fear contradictory to trust in God? All three foci are important if people are to develop belief systems that will enable them to function in society.

The necessity of the first focus requires no explanation within the setting of human development. Belief clarification is now almost universally seen as important in human development (Larson and Larson, 1976). In considering the other foci it is useful to compare them with Grimmitt's model adapted as a model of human development. The six stages of this cyclic model are: self-identity, self-acceptance, self-illumination, self-ideal, self-adjustment and self-evaluation. Self-ideal requires the exploration of the question, "Who would I like to be?" The second and third foci are essential for this formation. Without them, the ideal may be less than ideal.

The focus on the beliefs of the life-world of the student is necessary if people are to find their places in the world. That is not to say that the student merely accepts them without question. But, even if they are totally rejected, the student needs to understand them as the views dominate in their world. The focus on the traditional belief systems enables the student to tap into the accumulated wisdom of humankind. It is wasteful arrogance to ignore these perspectives on being human. In terms of content, only an adventure therapy program with contribution from religious education could not deal with this last focus. But without this contribution, the program is still deficient in coping with the development of the person. Hence, considering the range of relationships and possible responses within programs to the emergence of these issues, the religious education process can be seen to have great potential to contribute to a resolution of benefit and satisfaction to the student.

Level of Relationship

Having dealt with the foci of attention, this section describes the differing levels of relationships that are possible. For each of these a few general comments are made and then some possible questions for the particular level are listed.

Relationship with self.

Within the category of relationship with the self are many of the issues raised within the sections on self-focused adventure therapy and the self-awareness cycle of Grimmitt (1987). We saw too that the religious quest for meaning is often sparked within the context of adventure. Once raised, a sound methodology for dealing with the issues is needed.

Likely questions to arise within this category are:

- What does it mean to be human?
- Do people have intrinsic worth?
- Can I control my own life, or am I a product of outside forces?
- What is the source of my fear? What does this tell me about myself?
- What value do I place on myself? Am I constant in this?
- What is love of self? How is it different from selfishness?
- Do I trust? Am I trustworthy?

Relationships with others.

The last of the questions above indicates the width of crossover between relationship with self and relationships with others. Because much of our self-identity is formed socially, this is not surprising. One's view of oneself, of others and the views that other people have of us are inextricably bound together. Given this, it is still of some use, in this examination of issues raised, to draw them temporarily apart.

Much of adventure therapy occurs in community, albeit temporary. As seen in the chapter on the contribution of adventure education to religious education, these group experiences raise many issues about relationships with others.

Likely questions arising are:

- Do I trust other people? How do I decide who to trust and how much?
- What does it mean to love someone?

- To what degree am I responsible for another's actions?
- How am I to relate to another person with whom I disagree?
- What does it mean to forgive someone?

As with those questions connected with one's relationship with the self, these questions concern the belief system of the student. They need to be addressed 'religiously'.

Relationship with the natural world.

Adventure therapy more than most curriculum areas interacts with the natural environment. Some are equally concerned with the natural world, but "interact" was carefully chosen to reflect the special nature of adventure education. Whereas other curriculum areas study the natural environment as somewhat detached observers, adventure therapy deliberately places people in the environment to interact with it. Because of this interaction, it is thus natural that many practitioners hold strong views about the preferred relationship between human beings and the natural world. It is not surprising that the interaction for people will also give rise to some re-evaluation of their belief system in this area.

Questions arising include:

- What is the origin of the world?
- Are humans and other living things of equal worth? Is it right to use other living things for our enjoyment? For our survival? Is it right to catch fish? Is it right to shoot ducks? Is it right to cage animals?
- What is the source of the feelings of peace/beauty/wonder that are commonly experienced?
- What does it mean to 'own' land?

The Pandora's box opens even wider. And a Pandora's box it is indeed. Viewed from the perspective of religious education, the seeming plethora of questions is seen as desirable. Within adventure therapy programs however the response is more varied as explored in the next section.

Responses to the Religions Question

It is possible for programs in adventure therapy to raise the issues but then either leave the individual to make the best of finding their own solutions or simply pass over a pre-packaged 'bag of virtues' that is the instructor's or program's own position. These and other responses fall short of responsibly assisting the person in his or her own religious quest and growth as a person.

Suppression.

The response most to be deplored is that of suppressing the questioning. This may be done consciously or unconsciously. Motivation may be that the therapist feels threatened because of the fragility of his or her own belief system. More often it is that the therapist or the program has pre-defined the importance of other outcomes that would be put at risk if time was spent on these questions. Whatever the reasons, some therapists soon make it clear to people that this sort of question is out of place in the program.

The verbal and non-verbal clues given to meet this end vary. It may be a blunt, "Let's not talk about religion." or "Why don't you think about that later?" Tone of voice and facial expressions can also indicate to people that they have strayed into a taboo area.

The result of such a response to issues raised is that the person's own agenda for personal development is ignored. This is deleterious to the person's development and is to be avoided for pragmatic as well as ethical reasons. The ethical reasons do not require explanation. Pragmatically, the effect of the suppression can be to put people 'offside'. They may feel, possibly with justice, that the program is more important to the therapist than they are.

Referral.

A second possible response, where adventure therapy is part of a larger system, is that the questions may be referred to another area. Religious services (chaplaincies) and social workers are possible recipients of the referral. Much is to be commended in this response. It recognizes the importance of the questions and provides a way for the issues to be dealt with properly.

The danger is that those to whom the issue is referred may not see it as a priority in their area either. Further, people may see that therapists are not skilled enough in both areas to deal adequately with the issues that they as people are being asked to confront. This may of course be true.

Priest (1985) in a study of outdoor leaders reports a higher degree of expertise in hard or technical skills than in soft, or people, skills. While this may be a lesser problem in adventure therapy than in the wider scene, it still may support the view that adventure therapists are not likely to feel that they have sufficient skills to deal fully with religious questions. This is not a major problem unless the questions are given a lower status by not being addressed within the program.

Cooperation.

A third possible response is some sort of cooperative approach. As issues within the religious quest arise then adventure therapists work together with others to assist people to find their answers. This requires flexibility in program delivery that is uncommon within institutions or a resource base that is uncommon in smaller scale programs.

Combination.

This strategy involves the overall focus being on the personal development of the person in a holistic sense. People working in this way would need expertise in both fields. Alternatively they could be involved in team situations with others that offer expertise to compensate for their shortfalls.

The contribution here to adventure therapy is threefold. First, the combined agenda of religious education and adventure therapy puts the experience in a broader perspective. This perspective means that people don't focus merely on the immediate experience. Rather the experience is viewed within the framework of the 'ultimate questions' of the religious quest. For example, people involved in a roping activity may be encouraged, in the briefing, to spend some time thinking about the source of their anxiety or fear. The times of reflection or processing of the experience are similarly open-ended. It is seen as a legitimate part of the program to discuss religious issues. Instructors don't 'give the right answers' but aim to clarify and maybe give some alternatives to consider.

Second, the issues can be dealt with as they arise. There is ordinarily no need for referral to some other source for the issues to be addressed later. This immediacy means that the issues are dealt with while fresh in the people's minds. Further, it means that the rest of the activity can be viewed in the light of the discussion - and that further discussion can take place in the light of further experience. In other words the discussion/activity cycle can occur several times within the program. Several 'experiments' can be undertaken and assessed.

For example, a person may be investigating modes of operating involving trusting others arising from an incident early in the program in which he clashed with another person over the issue of trust. The debriefing included some discussion of the issue in general. Interwoven in this discussion were some conflicting perspectives. These included the foolishness of trusting others since they will inevitably let you down; the necessity of trusting others if we are to grow in community; and points in between. The person, as part of the process of investigating an alternate belief stance, is encouraged and decides to experiment with a higher level of trust than he normally would in everyday life. The program continues and the person has several opportunities to modify the experiment.

The third special contribution is the holistic view of life reflected in the program. Both adventure therapy and religious education benefit in this way. The people feel that the program and its staff are concerned about them as people. They are being encouraged to develop as whole people and not merely as people who are being taught 'religion', 'self-esteem' or 'rock climbing'. Their development is more important than any other program consideration. The reality of this view operating in the instructors and the program will emphasise holistic human development. The perception of the view by the people will increase their motivation and thus the effectiveness of the program.

Conclusion

Adventure therapy is a relatively new area. As with anything new, one item on the agenda is the relationship with other existing areas of human endeavour. It is within this framework that this paper has sought to work, looking in particular at the relationship with religious education. This relationship is perceived to have potential for mutual benefit because there is a shared interest in the development of the student in a holistic sense. Adventure therapy seems to raise many issues for people that may be left 'up in the air' in the programs or slightly better, dealt with superficially.

Religious education's contribution to adventure therapy was seen as the enabling of an adequate handling of the issues raised within the consciousness of the person by experiences within adventure therapy programs. Different possible responses on the part of therapist to these raised issues were outlined. An analysis of the adequacy of the different responses was given.

Through human development, there is a strong conceptual link between adventure therapy and religious education. Both are concerned with a holistic development of the student as a person. Both seek to deal with people as more than cognitive information processors. Both become concerned with "ultimate questions" — either as a curriculum focus, in the case of religious education, or as in the case of adventure therapy, a natural consequence of interaction with the natural world and other people in challenging experiences. This conceptual link yields much common ground for the interface between them.

Without the contribution of religious education, adventure therapy suffers in its attempt to deal in a holistic way with its clients. It was seen as inadequate, if not irresponsible, for adventure therapists to fail to assist people to deal with issues raised within their programs. There is surely a moral and ethical obligation, as well as pragmatic considerations of people, motivation and responsiveness to be considered.

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Section III

Working With Adolescents

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25

Adolescent Coping Styles and Outdoor Education: Searching for the Mechanisms of Change

By James T. Neill & Bernd Heubeck

Abstract

The coping responses of Australian high school students involved in outdoor education programs were examined using a modified version of the Adolescent Coping Scale (Frydenberg & Lewis, 1993a). Participants reported utilising more productive coping strategies during the outdoor education programs than adolescents in normative settings. Open-ended responses showed use of some coping strategies specific to the situation such as thinking about home, sharing concerns around the campfire, using solo time, writing in a diary, and going to bed early. Finally, regression analysis found that 'non-productive' strategies and 'solving the problem' strategies were useful predictors of changes in psychological distress and well being. This suggests that positive intervention in coping skills during outdoor education programs can contribute to improving mental health.

Introduction

The notion that controlled exposure to stressful activities can achieve developmental and even therapeutic effects has been a cornerstone of many outdoor education programs over the past fifty years. On the other hand, critics of such programs often argue that the negative consequences of overstressing participants are too great and hence the programs cannot be justified. Empirical research suggests a balanced view: that outdoor education programs are capable of having notable and lasting beneficial effects. However there is a great deal of variability in outcomes between different programs and different individuals, ranging from negative to no detectable effect through to highly positive effects (see meta-analyses by Cason & Gillis, 1994; Hattie, Marsh, Neill, & Richards, 1997).

One major factor, which has been consistently identified in psychological and sociological research as a mediator of whether a stressful experience proves to be beneficial or detrimental is an individual's coping style. Coping is understood to be the psychological mediation between the perceived demands of the individual's external world and the perceived needs of the individual's internal world. Coping includes all strategies, whether cognitive, emotional, or physical, that a person uses to negotiate a stable balance between the internal psychological state and external stressors. Coping is a constant process. Stressors occur all the time, making continuous demands on individuals' coping resources. Coping strategies can achieve the desired effect of returning the individual to a stable stress-arousal state in several different ways. Carpenter (1992) has suggested that coping strategies can work by:

(a) Minimising the stress response itself,
(b) Removing or reducing situational demands;
(c) Increasing available resources (e.g., obtaining professional help); or,
(d) Altering the cognitive appraisal of the stressor.

Coping attempts, however, are not always effective. Such 'non-productive' strategies may have no effect at all or may even make the distressful experience worse.

The development of an effective and versatile repertoire of coping responses is one of the fundamental elements of healthy psychological and behavioural growth. Adolescence is a critical period during which new coping strategies become available, are tested, and are integrated into individuals' personal style. Recent research in Australia has indicated that, although adolescents are resourceful in managing their concerns, there are numerous strategies, which could be developed to enhance their repertoire of coping responses (Frydenberg, 1993; Frydenberg & Lewis, 1991a, 1991b, 1993a, 1993b, 1994a, 1994b). To date, however, there has been very little study of the coping behaviours used during outdoor education intervention programs. This is somewhat surprising given evidence from studies of other forms of intervention that improvements in coping strategies can be taught (e.g., Law, Logan, & Baron, 1994; LeoNora & Frydenberg, E., 1993; Meichenbaum, 1985; Rice, Herman, & Petersen, 1993).

The present study is an attempt to fill this gap in the research literature. In particular, we were interested to learn about the nature of the outdoor education experience in terms of how participants reported coping with the difficulties that they encountered. It seemed important to investigate whether or not the profile of coping responses during outdoor education differed from how adolescents report coping in everyday life. If the outdoor education situation is beneficial for character development then presumably a more positive profile of coping responses by adolescents should be found. We were also interested to find out what types of coping responses adolescents reported which were specific to the outdoor education setting. Perhaps this could point to some valuable processes in the outdoor education setting, which could be enhanced or even utilised by other forms of intervention. Finally, we wanted to know whether the use of different styles of coping could be used to predict changes in the participants' mental health outcomes after the program. In summary, our research questions were:

How do adolescents cope with outdoor education programs? (Q1)

Do adolescents cope differently during outdoor education programs compared to normative settings? (Q2)

What coping strategies specific to outdoor education would adolescents report? (Q3)

Are coping styles useful predictors of mental health outcomes? (Q4)

Method

Participants.

Participants in the study were 251 (143 male and 108 female) 14 and 15 year old students from 4 Australian high schools. In total there were 13 groups of between 16 and

23 participants. All participants attended a 9 or 10 day Outward Bound Australia program designed for school students. For over 90% of the participants attendance on the outdoor education program was a compulsory part of their schooling and all programs took place during the school term. Further information about the nature of the Outward Bound program is described elsewhere (e.g., Neill, 1994; Outward Bound Australia, 1994; Richards, 1977).

Instrument and procedure.

A modified version of the general form of the Adolescent Coping Scale (ACS) (Frydenberg, 1989) was used in this study. The ACS is an 80-item (79 structured, and 1 open-ended) instrument which reliably assesses 18 conceptually and empirically distinct coping strategies. The ACS was designed to examine coping from an adolescent perspective and to contribute to the development and evaluation of coping enhancement interventions (Frydenberg & Lewis, 1993a). The ACS was developed initially from open-ended descriptions of coping behaviour, which were content-analysed, leading to experimental versions of a quantitative instrument.

For the present study, the instructions and wording of the ACS form were modified from the present tense which asked participants how they generally cope with problems or difficulties, to the past tense which asked participants how they coped with problems or difficulties encountered during the outdoor education program. Participants rate the degree to which they generally use each of the 79 coping strategies on a five point Likert scale from "1 = doesn't apply or don't do it" to "5 = used a great deal." Frydenberg and Lewis (1993a) also argue that the 18 ACS scales can be conceptualised in terms of three higher order factors - Reference to Others, Solving the Problem, and Non-Productive. Descriptions of the 18 ACS scales and their higher order factors are presented in Table 1.

Results

Q1: How do adolescents cope with outdoor education programs?

In Table 2 the 18 ACS scales are ranked in order of most frequently used strategies to least frequently used strategies. The data suggests a number of observations. The top five strategies (Work Hard and Achieve, Focus on Solving the Problem, Focus on the Positive, Seek Relaxing Diversions, and Seek Social Support) stand out as those, which were used by 75% or more participants at least sometimes during the program. The bottom five strategies (Tension Reduction, Seek Professional Support, Social Action, Seek Spiritual Support, Not Coping) stand out as those which 66% or more participants used either a little or not at all. 67% of participants reported seeking very little or no professional help (from instructors or teachers) during the outdoor education program. This may be a reflection of the independence and self-responsibility that participants are encouraged to use. However, if it reflects a perceived inaccessibility of the professional staff, this may be a feature of the programs, which could be improved. 72% of participants reported using "Not Coping" at some time during the program, although no participant reported using this strategy a great deal. 50% of students reported using the top ranking strategy, Work Hard and Achieve, either often or a great deal, which is in contrast with only 2.6% of participants who reported using Ignore the Problem often or a great deal.

Table 1
Adolescent Coping Scale (ACS) Factors and Scale Descriptions

Factor	Scale	Description
Non-Productive	Ignore the Problem	Conscious blocking out of the problem
Non-Productive	Invest in Close Friends	Engaging in a particular intimate relationship
Non-Productive	Keep to Self	Withdrawal from others and wish to keep others from knowing about concerns
Non-Productive	Not Coping	Inability to deal with the problem and the development of psychosomatic symptoms
Non-Productive	Seek to Belong	A caring and concern for one's relationship with others in general and more specifically concern with what others think
Non-Productive	Self-Blame	Individual sees him/herself as responsible for the concern or worry
Non-Productive	Tension Reduction	Attempt to make oneself feel better by releasing tension
Non-Productive	Wishful Thinking	Hope and anticipation of positive outcome
Non-Productive	Worry	Concern about the future in general terms or more specifically concern with happiness in the future
Reference to Others	Seek Professional Help	Use of a professional adviser, such as a teacher or counsellor
Reference to Others	Seek Social Support	An inclination to share the problem with others and enlist support in its management
Reference to Others	Seek Spiritual Support	Prayer and belief in the assistance of a spiritual leader or God
Reference to Others	Social Action	Letting others know what is of concern and enlisting support by writing petitions or organising an activity such as a meeting or rally
Solving the Problem	Focus on Solving the Problem	Focuses on tackling the problem systematically and takes into account different points of view or options
Solving the Problem	Focus on the Positive	Positive and cheerful outlook on the current situation, including seeing the 'bright side' of circumstances and seeing oneself as fortunate
Solving the Problem	Physical Recreation	Playing sport and keeping fit
Solving the Problem	Seek Relaxing Diversions	Leisure activities such as reading and painting
Solving the Problem	Work Hard and Achieve	Commitment, ambition, and industry

Note. Adapted from Frydenberg & Lewis, 1993a, pp.18-21, 41.

Table 2

Modified ACS Scale Ranks, Means, Standard Deviations, and Percentage of respondents for each level of coping strategy usage.

	Rank	Mean	SD	Didn't use it %	Used very little %	Used sometimes %	Used often %	Used a great deal %
Work Hard and Achieve	1	3.49	0.73	0.5	8.6	41.0	42.8	7.2
Focus on Solving the problem	2	3.42	0.72	1.3	7.5	41.9	44.9	4.4
Focus on the Positive	3	3.24	0.74	1.3	9.3	46.5	35.8	7.1
Seek Relaxing Diversions	4	3.18	0.90	3.9	20.6	40.8	26.8	7.9
Seek Social Support	5	3.10	0.77	1.8	19.7	50.0	24.6	3.9
Wishful Thinking	6	2.92	0.89	7.2	23.3	44.4	20.6	4.5
Seek to Belong	7	2.89	0.73	3.2	24.7	52.5	18.7	0.9
Physical Recreation	8	2.86	0.86	2.7	35.9	37.7	19.5	4.1
Worry	9	2.62	0.83	10.3	32.6	44.6	11.2	1.3
Invest in Close Friends	10	2.49	0.88	14.3	37.1	34.1	13.4	0.9
Keep to Self	11	2.47	0.77	7.0	40.8	39.5	11.4	1.3
Self-Blame	12	2.32	0.85	13.7	44.2	28.8	11.9	1.3
Ignore the Problem	13	2.22	0.70	12.1	49.3	35.9	2.2	0.4
Tension Reduction	14	2.03	0.65	18.9	60.5	18.4	2.2	0.0
Seek Professional Help	15	2.00	0.88	29.6	37.8	23.9	7.8	0.9
Social Action	16	1.93	0.78	30.1	39.7	24.2	5.9	0.0
Seek Spiritual Support	17	1.91	0.94	40.7	31.6	17.3	9.5	0.9
Not Coping	18	1.91	0.61	28.1	55.3	15.8	0.9	0.0

Note. N varies between 218 and 233.

To further examine the type of coping reported by participants, the distributions of the three higher order coping styles are presented in Figures 1, 2, and 3, with their descriptive statistics. Figure 1 suggests a relatively low central tendency for Reference to Others coping, but with a positive skew to the distribution. In other words, there is a wide range in the distribution of usage of this coping style, with a number of students reporting relatively high levels of referring to others. Figure 2 shows that Non-Productive Coping strategies had a close to normal distribution, ranging from a few adolescents reporting virtually no usage of these strategies, the majority reporting a moderate level of usage, and a few reporting a moderate-high level of usage. Figure 3 reveals an overall greater use of Solving the Problem coping strategies than Reference to Others or Non-Productive Coping. The distribution has a negative skew, suggesting that while most adolescents reported using a reasonably high level of Solving the Problem coping strategies, there were a small number of people with fairly low level of usage of this style.

These distributions illustrate the point that there is a wide range of coping responses to outdoor education. Clearly this means that to understand the effect of a program on any individual would require an understanding of the individual in question. While it might be easy to say, for example, that on average adolescents report using Solving the Problem coping strategies at least sometimes, this ignores the small but important number of adolescents who report doing so only a little or not at all.

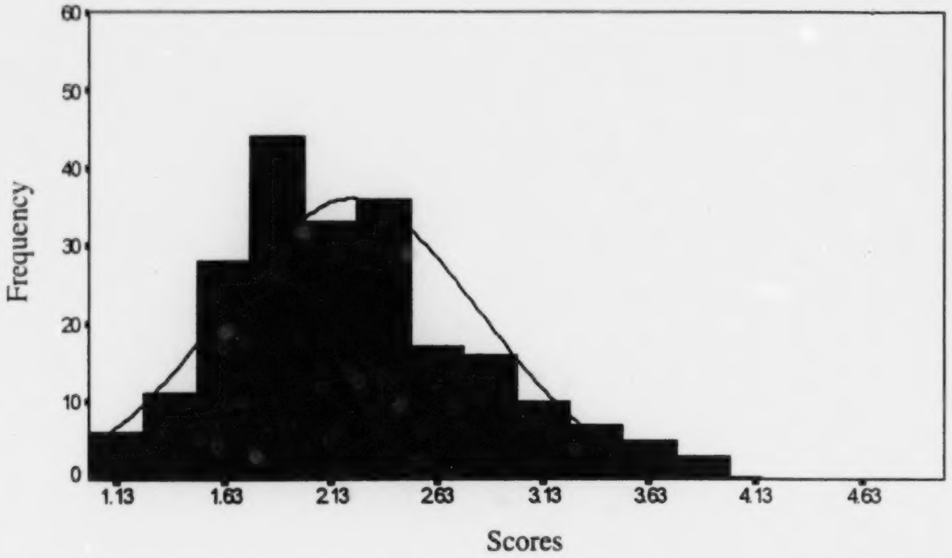

Figure 1. Reference to Others coping strategy usage reported by adolescent outdoor education participants. (*N* = 216, *X* = 2.22, *SD* = .60, Kurtosis = .09, Skewness = .63, Minimum = 1.00, Maximum = 3.93).

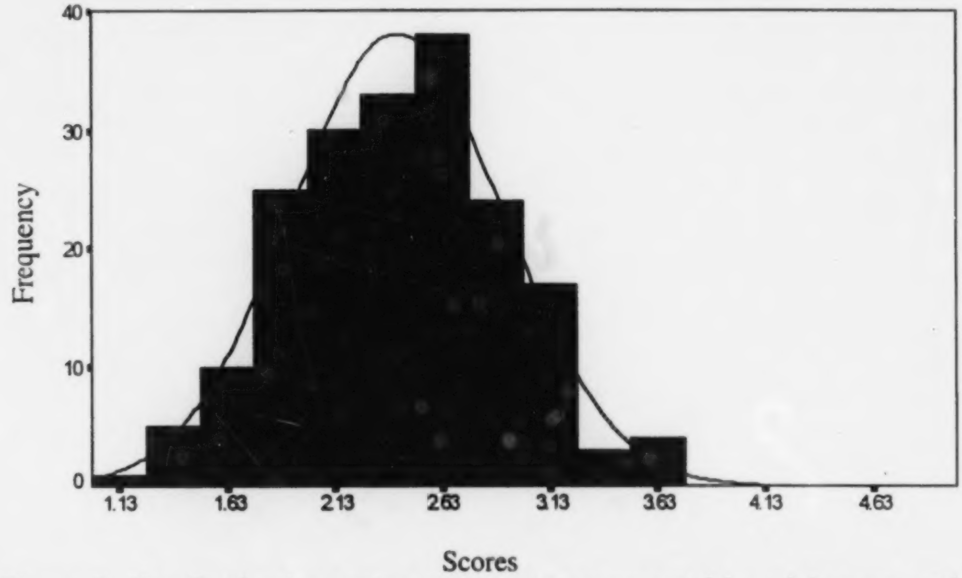

Figure 2. Non-Productive coping strategy usage reported by adolescent outdoor education participants. (*N* = 190, *X* = 2.41, *SD* = .50, Kurtosis = -.36, Skewness = .08, Minimum = 1.17, Maximum = 3.68).

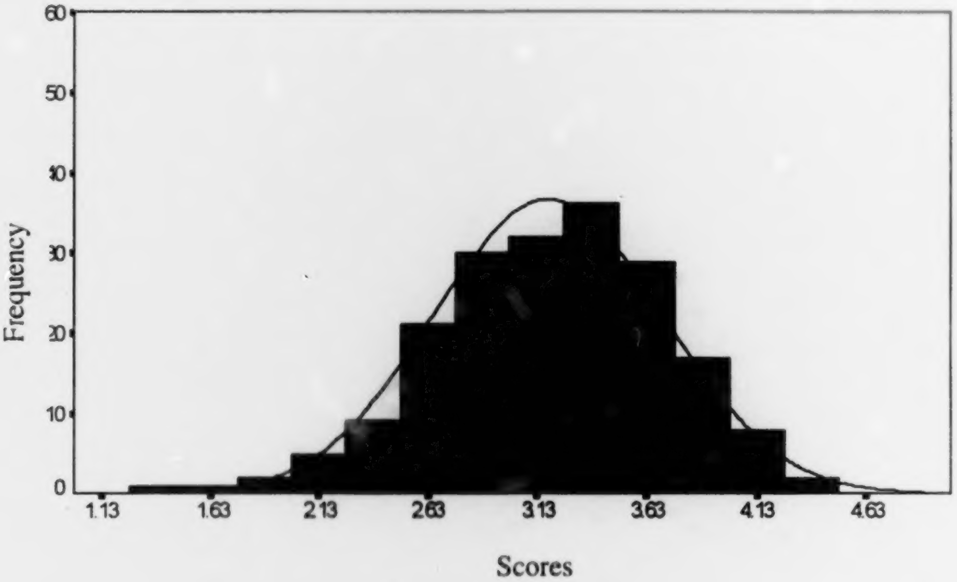

Figure 3. Solving The Problem coping strategy usage reported by adolescent outdoor education participants. (*N* = 193, *X* = 3.18, *SD* = .52, Kurtosis = .39, Skewness = -.40, Minimum = 1.44, Maximum = 4.37).

Q2: Do adolescents cope differently during outdoor education programs compared to normative settings?

The means for each of the modified ACS scales were compared with the Australian normative data presented by Frydenberg and Lewis (1993a) using independent samples t-tests (see Table 3). These analyses indicated that there were 11 strategies that adolescents reported using significantly less during the outdoor education program than adolescents in normative settings (Relaxing Diversions, Invest in Close Friends, Worry, Self-Blame, Keep to Self, Physical Recreation, Tension Reduction, Not Coping, Ignore the Problem, Wishful Thinking, and Seek to Belong). On the other hand, adolescents reported using five coping strategies significantly more than adolescents in a normative setting (Focus on Solving the Problem, Focus on the Positive, Seek Social Support, Seek Professional Help, and Social Action). Broadly speaking, it appears that adolescents involved in outdoor education reported using more productive and less non-productive coping strategies.

There are numerous methodological caveats to such a conclusion, however. In particular, there is potentially a cohort issue. The normative data was collected from students from Year 7 to 11, with a mixture of backgrounds, whereas the data from the current study is collected from Year 9 students, the majority of whom were from private school backgrounds. The modification of the ACS also makes comparisons somewhat problematic in that participants were asked what strategies they had used during a particular time frame. The outdoor education setting clearly restricted the use of several coping strategies such as drug use, investing time in intimate relationships (the programs were mostly single sex), and physical recreation (although physically-based, the program did not provide facilities and time for traditional sport, etc.). Nevertheless, these results suggest that the outdoor education program was generally associated with a more positive coping style by participants compared to the normative data on adolescent coping in everyday life.

Table 3

Outward Bound ACS Ranks, Means, and Standard Deviations compared with Normative ACS Ranks, Means, and Standard Deviations.

	Outward Bound			Normative			
	Rank	Mean	SD	Rank	Mean	SD	t-value
Seek Relaxing Diversions	4	3.18	0.90	1	3.80	0.80	-8.91
Invest in Close Friends	10	2.49	0.88	5	3.08	0.92	-8.02
Worry	9	2.62	0.83	8	3.02	0.86	-5.62
Self-Blame	12	2.32	0.85	12	2.72	0.90	-5.52
Keep to Self	11	2.47	0.77	11	2.82	0.88	-4.95
Physical Recreation	8	2.86	0.86	4	3.20	0.90	-4.64
Tension Reduction	14	2.03	0.65	14	2.32	0.88	-4.17
Not Coping	18	1.91	0.61	15	2.16	0.68	-4.01
Ignore the Problem	13	2.22	0.70	13	2.40	0.80	-2.65
Wishful Thinking	6	2.92	0.89	6	3.10	0.86	-2.50
Seek to Belong	7	2.89	0.73	9	3.04	0.76	-2.22
Work Hard and Achieve	1	3.49	0.73	2	3.58	0.70	-1.38
Seek Spiritual Support	17	1.91	0.94	16	1.88	1.02	0.39
Focus on Solving the Problem	2	3.42	0.72	3	3.24	0.74	2.74
Focus on the Positive	3	3.24	0.74	7	3.05	0.82	2.76
Seek Social Support	5	3.10	0.77	10	2.84	0.88	3.68
Seek Professional Help	15	2.00	0.88	17	1.72	0.85	3.96
Social Action	16	1.93	0.78	18	1.36	0.58	9.24

Note. N varies between 219 and 231 for the Outward Bound data, and N = 673 for the normative data.

Q3: What coping strategies specific to outdoor education did adolescents report?

The final question on the ACS provides participants with a free form opportunity to describe any other things that they did to cope with his or her problems or concerns during the outdoor education program. Exactly half of the adolescents responded to this question. Of these responses, many of them could be linked to one or more of the 18 established coping strategy scales, however others appeared to represent coping strategies specific to the outdoor education setting. The responses were grouped into general categories agreed upon by the two researchers and are listed in the Appendix. The key features are that:

Homesickness (e.g., "Think of things I enjoy at home") was readily reported, and appears to be an application of Wishful Thinking in an outdoor education setting, although it could be a problem itself which requires a coping response (e.g., see Thurber, 1995).

The outdoor education specific coping strategies highlighted the role of the campfire in providing a forum for social sharing of concerns and searching for solutions (e.g., "Sat around camp fire drinking hot quick and thinking or talking about it").

There were a number of references that suggested some participants found value in solo time and writing problems down in a diary (e.g., "Think through everything whilst on solo time").

A number of adolescents said that they went to bed early or went to sleep as a strategy for making their problem or concern go away (e.g., "Tried to go to bed early so I can avoid the problem when I'm sleeping"). Instructors should take note that participants who choose to go to bed early may be doing so to cope with a difficulty or problem, which they feel unable to deal with in any other way.

There was considerable endorsement of Seek Social Support strategies (e.g., "Get together with friends and talking to each other about problems"), supporting the evidence from Table 2 that this is an important strategy in the outdoor education setting. There was very little mention of using the accompanying professionals as sources to help with coping. This suggested either a perceived inaccessibility of these people or that it is the professionals' role to facilitate an environment where productive use of other coping strategies can be accessed, rather than direct reliance on the instructor.

Q4: Are coping styles useful predictors of mental health outcomes?

In previous work we reported on the mental health outcomes of this outdoor education program using the same sample of participants (Neill, 1994; Neill & Heubeck, 1995). The General Well Being (Veit & Ware, 1983; Heubeck, 1993) is a 38-item adaptation of the Mental Health Index, which for the purposes of the current analysis was treated as having two independent factors - psychological well-being and psychological distress (see Neill, 1994 for further psychometric discussion).

Our question in this study was whether any of the three coping style factors were useful predictors of changes in psychological well being and psychological distress. Multiple linear regression was used, with the relevant pre-program mental health measure included as an independent variable. By conducting the analyses in this way, the influence of the baseline levels of well being and distress were removed, so that the analyses examined the influence of coping styles on changes in mental health.

The results in Table 4 show the standardised beta weights for the pre-program mental health score and the coping styles as predictors of short and long term mental health outcomes. The table also reports the change in R square (the % of variance explained) when the coping styles are included in the prediction equation after accounting for the effect of the pre-program mental health score. For all mental health outcomes the change in R square is significant, showing that coping styles are useful predictors over and above baseline mental health states. In particular, coping styles appear to be useful for predicting the psychological distress and psychological well-being that participants reported experiencing during the program (the short-term outcomes) (25.7% and 28.7% of the variance respectively).

The strongest predictor of mental health outcomes was the use of non-productive coping strategies (such as Not Coping, Tension Reduction, Wishful Thinking, etc.). The Solving the Problem coping style was a positive predictor of mental health outcomes, while Reference to Others was not a significant predictor. In practical terms, this finding suggests that helping or facilitating participants to find alternatives to their non-productive strategies (particular strategies that focus more directly on the problem at hand) during outdoor education programs, is likely to reduce their experience of psychological distress and increase their psychological well-being during the program. The effect of these coping strategies on longer-term mental health outcomes is not as strong, but still evident.

Table 4

Standardised beta weights for coping strategies as predictors of mental health outcomes.

Variables	Psychological Distress Short-term	Psychological Distress Long-Term	Psychological Well-Being Short-term	Psychological Well-Being Long-Term
Psychological Distress Pre-test	.150	.287*		
Psychological Well-Being Pre-test			.002	.461**
Reference to Others	-.165	-.033	-.013	.002
Non-Productive	-.541**	-.373**	-.515**	-.106
Solving the Problem	.218*	.141	.510**	.227*
Change in R Square due to Coping IVs	.257**	.097**	.287**	.057*
N	130	122	132	124

Note. More positive mental health scores are higher scores for Psychological Distress and Psychological Well-Being. * p<.05; ** p<.01

Summary and Conclusions

One of the recent thrusts of cognitive, behavioural, and therapeutic psychology has been a growing focus on the importance of coping skills in individuals' lives. To date, however, there has been little published investigation of the coping processes used by participants in outdoor-based educational or therapeutic experiences. If the use of adventure mediums for therapeutic purposes is to gain more credence and improve in its efficacy, then a more thorough understanding of coping processes in these applied settings is desirable.

The findings from the present study suggest that, on the whole, adolescents reported a more productive coping profile during the outdoor education experience than adolescents in normative settings. There were, nevertheless, fairly normal distributions of coping responses, suggesting a wide range of individual responses, with most participants (72%) reporting "not coping" at least a little during the program. Overall, however, the generally positive coping profile reported by the adolescents is consistent with theoretical implications about the role of coping in influencing outdoor education programs outcomes:

As adventure experiences take place in different and often unfamiliar environments, there is much reassessment of the strategies used by participants to cope with and understand their world and their conceptions of self. Many of the strategies previously used to explain and cope with the world no longer work. Our ability to discount our own competence and efficacy, for example, is of little use if we are to cope and survive the day. Our comparisons with other people change as we experience the need to cooperate with them rather than judge, dismiss or compete with them. Our goals become more specific and challenging and thus we receive much feedback about progress towards those goals. Finally, we associate with others who appear to be coping with the adventure experience. Thus, for many, there is ample opportunity to replace their coping strategies with newer more functional and positive strategies... (Hattie, et al., 1997, p.75)

The open-ended responses to the modified ACS provided useful insight into outdoor education-specific coping strategies used by adolescents. "Thinking about home" was a notable feature, as were strategies such as withdrawing and going to bed early. On the more productive side, a number of participants mentioned talking with friends, particularly around the campfire, and spending valuable time alone in the outdoors. Surprisingly few participants reported using the professional help of accompanying instructors or teachers.

Finally, this paper examined the usefulness of three broad coping styles (Non-Productive Coping, Reference to Others, and Solving the Problem) in predicting mental health outcomes. The strongest predictor of psychological distress and well being was the use of non-productive coping strategies. In other words, if participants reported doing a lot of Ignoring the Problem, Wishful Thinking, and so on, then they were more likely to report high levels of psychological distress during and following the program, and lower levels of psychological well-being during the program. On the other hand, participants who reported using Solving the Problem coping strategies, such as Work Hard and Achieve, Focus on the Positive, and so on, were more likely to experience positive mental states during the program.

These findings offer valuable insight for the training of practitioners to deliver more enjoyable, educational, and therapeutic experiences for people in the outdoors. By helping participants to find positive and functional alternatives to non-productive coping responses it appears that mental health benefits can follow. Adventure education settings offer fascinating and challenging situations in which to systematically apply and further our understanding of the role of coping strategies as causative processes in the quality of psychological experience.

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Appendix

Descriptions of Other Coping Strategies used during Outward Bound Programs.

Theme	Verbatum statements about coping made by students
Didn't have any problems	Basically I didn't have too many worries so I didn't do anything else.
	I had a good time all the time
	I had few problems worth dealing with.
	None, I didn't have many problems or concerns
Didn't understand question	People went to fast when walking
	Sing, punch my pillow, watch TV, read a book, play piano
	Talk to my parents, sister, friends
Focus on the Positive	[Looked on the bright side of things and didn't let things worry me if they were little.
	[Thought positive about what I was doing because I was thinking negative and had to change my feelings.
	I tried to see how everyone else was coping and realised that we were all going through the same...
	The way I mainly coped was by knowing that I could do anything and that I shouldn't give up!
	Think positively - encouraged others, which made me, feel better.
	Think of the good points of Outward Bound.
	Thought about the good things to forget the bad things.
	Have a positive outlook on life.
	Thought about those worse off.
	Reassured myself everything was going to be all right.
	Think of happy things and just try to forget all my problems.
	Try to think positive.
	Think things will get better.
	Encourage myself.
Homesickness - Wishful Thinking	Homesick - cried, concentrate on other things; Exhausted - told myself, if other people can, I can.
	Wished they would go away.
	Homesickness.
	Nothing else except thinking about going home.
	Thought about home.
	Just thought about how good the future would be at home.
	[Cried, thought of my family, my room. Miss home, shouldn't have come to Outward Bound, waste of money]
	[Imagine myself at home eating pizza and drinking cola in my warm bed watching movies on TV]
	[Thought about McDonalds, how good it will feel to see my parents and have the comforts of home]
	[Thought how long to go. Thought of home and it wasn't long until I was back in it, away from Outward Bound.

	[Went somewhere by myself and thought about family. Sometimes don't talk just do my work.]
	I hoped for the best and just thought about going home.
	I just thought about my parents.
	I thought how long it would be until I would be home.
	Kept busy when homesick. Did not have many other problems.
	Kept thinking that it was only for 10 days.
	Relax. Think of home. Think I'm in my bed.
	Think about my parents.
	Think of things I enjoy at home.
	Thought about McDonalds and coke and home the whole time.
	Thought about home.
	Too long. Got homesick. Missed family and friends.
Keep to Self	I kept my mouth closed most of the time and did not tell the people I disliked that I disliked them.
	Just kept my problems to myself because the more you worry the worse of it is.
	Being by myself.
	Kept to myself and tried to fit in.
	Sat by myself.
	Sat by myself, thought the problem through.
	Spend time on my own.
	Spent more time on my own.
	Spent some time by myself.
	Time to self.
	I took a bit of time by myself to think it out
Miscellaneous	Write them down & my thoughts on paper.
	[Thinking about things and others problems. Talk to myself, support. Think I can't let myself lose.
	Instead of worrying about something the day before I waited until the day came.
	Accept the problem.
	Keep in silence and make the stop teasing me and say sorry.
	Made jokes. Dreamed.
	[I did all of the above things to cope. I had a great time & learnt many things about myself & others.
	Try not to fight.
	Considered others. Enjoyed Outward Bound.
	Wrote them down on paper.
Nothing / Ignore	Nothing. (2)
	Nothing really.
	Didn't think about them.
	Just had fun and put it out of my mind.
	None, that was excellent.
	Just focused on what I was doing presently instead of thinking about the future.
	Was to block the problems out of my mind, so I could have fun.
	Just left the problem how it was.

	[Ignore the problem as I was one of the smallest and just coped.
	Sometimes I would ignore.
	Thought about other things.
	Sometimes I shut up and did nothing.
Outdoor Education Specific	[I did the things asked of me. Like on the ropes course I put out my fear of heights and did the high section.
	[I thought them out around the fire and if I couldn't solve them I asked for ideas.]
	[Talk to people in my bivvy group. Tried to keep my friends together, stop them fighting each other.
	Talked to a close friend. Told lots of jokes around the campfire to keep me and group positive and happy.
	I hate the cold. So I put more jumpers on than usual.
	I put a jumper on because I was cold.
	I sat and looked at the stars and thought about my home.
	I tried to let out anger by hitting/kicking things in the bush or took it out on someone else.
	Think through everything whilst on solo time.
	I used the solo time, thought about if before and after sleeping, kept myself happy by being with friends.
	Lied down inside the tent.
	Put up a Bivi. I didn't have that many problems or concerns.
	Reassured my self.
	Singing - making up songs. Thought of people at home to cheer myself up. Friday night.
	Talked around the campfire, asked each other questions and got to know each other better.
	Sat around campfire drinking hot quick and thinking or talking about it to one other person.
	Thought of Outward Bound's motto and never gave up.
	Tried to kill time by eating more, enjoying myself. Staying up late to get a better sleep.
	Eat.
	Cook.
	Writing in my journal in Solo Time, thinking about things through properly, time just to stop.
Professional Help	Get advice from someone.
	Asked the instructor/teacher, others came to me for help as well]
	Ask for advice/help.
Relax	Needed time to myself to relax and let feelings go, by writing them down or by thinking about them.
	Relaxing.
	[Frustrated - sat down at the end of the day and unwound for 5 minutes then felt refreshed]
	[layback and relax, lay down and blank out everything and think one thing - an activity I like doing
	I just tried my best and relaxed.

	Relaxed.
	Found time to relax.
	Just relax and think about the problem and try to sort them out in my head and dream about home.
	Laugh at jokes.
Sleep	Sleep - or keep busy.
	Slept. (2)
	[Go to bed, hoping problem less in the a.m.
	Tried to go to bed early so I can avoid the problem when I'm sleeping.
	Go to sleep.
	Go to bed to get out of the cold.
	Go to bed early.
Social Support	Speak to other kids on the trip.
	Had a long group discussion about personal things.
	Talking to others and helping each other out.
	Spoke to friends. Have fun.
	Get together with friends and talking to each other about problems.
	[Talked to other mates. Got on with people I didn't like. Learnt to share, be generous, trust]
	Talking to friends about problems.
	Talked to friends. (2)
	Talk to others.
	Tried to help others. Gave encouragement to others when I needed it.
	I talked to my friends if they had the same concern.
	Told my friends the problem.
	Talked to close friends. Thought of better things.
	Share them with group. Put them out of mind.
	Talked about the problem and considered our options.
	Talked to someone about my worries who I trust.
	Tried to think about the problem and ask advice from friends.
	Talked to a friend - gave me encouragement.
	Worked them out as a group. Talked to other people in the group.
	Don't know, just asked friends what they would do.
	Talked to others to see if they have the same problem.
	Listened to other opinions.
	Tried to help others with problems
	Consider other's feelings.
	Think about group. Co-operate. Not just think about self.
	Thinking of when I get home.
	[Looked at how other people felt before criticising. Said what I feel. Tried to help others.]
Solve the Problem	Thought to myself how I could solve the problem.
	Think about the problem.
	Learnt to deal with them.
	Saw through it. Tried to think in advance.
	Concentrated on the problem

Spiritual Support	Praying.
	Occasionally hope for the best/pray.
	Pray that things will get a lot better.
Tension Reduction	I took my problems out on others or my friends.
	Just really took it out on others and day dreamed.
	[Took my anger out at the hill I was walking up and fell over, which made it worse.]
Work Hard and Achieve	Did my best no matter what.
	Tried my best in everything I did.
	Gave it my all.
	Did things to the best of my ability.
	Try to do the work to the best of my ability.
	Have a go.
	Had goals.
	Tried not to give up.
	Pushed myself until I got over it because I knew I could.
	Work harder.
	Worked at the problem.

Note 1. Truncated answers are in square brackets.

Note 2. Spelling and grammar errors are only corrected if semantically necessary.

Note 3. Multiple coping strategies reported by participants were separated into different categories.

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Effecting Intentional Change in Adventure Programming for "At Risk" Adolescents

By Sandy Gordon, Steve Houghton, & Julie Edwards

Introduction

Much of the present article was stimulated by Dr. Burton Giges's (1995)[1] Intervention/Performance Enhancement keynote address entitled "How People Change" at the 10th Annual Conference of the Association for the Advancement of Applied Sport Psychology (AAASP) in New Orleans. In that presentation Giges, who has had careers in medical research, medical practice, psychiatry and psychology, provided illustrations and practical advice for sport and exercise psychologists who, similar to outdoor and adventure educators, formally engage clients (individuals and teams/groups) in effecting change. The purposes of this article are to provide brief outlines of the key aspects of how people change, and some essential intervention principles, with some reflections on the effectiveness of typical approaches currently used by practitioners in outdoor education. To conclude, some tentative recommendations for practice will be provided.

It is important at the outset, however, to make two preliminary points. First, this article concerns efforts at "intentional change" as opposed to change that may occur naturally due to maturation or development, or due to external or environmental factors. Second, the perspective used and advocated, but not formally presented here, is cognitive-affective and educational. Thinking, therefore, is understood to be the main source of feelings and also provides significance to emotions, which are important links between thoughts and behaviour. Consequently, the key to effecting behavioural change is education and awareness of thought or appraisal processes as they relate to situations in which individuals seeking change find themselves.

Key Aspects of Change and Intervention Principles

Giges (1995) and others (e.g., Heatherton & Weinberger, 1994; Ravizza, 1993; Seligman, 1993) have identified four aspects of intentional change: content, timing, process, resistance; and four key intervention principles that outdoor educators might consider when designing intervention programs.

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[1] Requests for copies of this address can be sent to the first author: Department of Human Movement, The University of Western Australia, Nedlands, WA 6907

Content of change.

This first aspect concerns *what* can be changed. Usually we think of four major categories: behaviour, feelings, thoughts and wants/needs. However, within each of these broad categories, many specific examples emerge; for example, awareness, expectations, habits, values, goals, viewpoints, attitudes, opinions, judgements, intentions, choices, decisions, beliefs, directions, and commitment (Giges, 1995). Furthermore, the *importance* attached to any of these examples can also be changed (e.g,. the importance or significance of being a young drug user), as can the significance of "beginnings" of change (e.g., change in attitude or viewpoint regarding drug use) which may go unnoticed if the focus remains solely on behaviour. *What* can be changed must, therefore, be "controllable" but the effects or content of change may be either covert (feelings, thoughts, wants/needs), overt (behaviour) or both.

There arises an important question for educators and this pertains to the willingness or commitment of an individual to change. It has been suggested that adolescents who do not achieve or who are unlikely to achieve year 12 status in school because of truancy, disruptive behaviour, delinquency and/or school failure become marginalised and consequently at risk of adverse psychological, social, and health consequences (Western Australian Legislative Assembly, 1992). Recent research has demonstrated that many "at risk" adolescents actually set goals related to participation in such disruptive and risk taking behaviours to establish and consequently maintain non-conforming reputations (Carroll, 1995; Carroll, Durkin, Hattie, & Houghton, 1995; Houghton & Carroll, in press; Odgers, Houghton, & Douglas, in press). These reputations change over time according to the importance attached to them at a given time (Houghton & Carroll, 1995). It should be noted that this change is particularly strong when adolescents participate in activities on a voluntary basis. The issues of commitment to and directionality of change, particularly related to "at risk" youth, will appear throughout this paper.

Timing of change.

This second aspect concerns questions like "When is change most likely?" and "Does it occur in some sequential pattern?" One approach to understanding when and how people change has been provided by the Transtheoretical Model (TM) of behaviour change, which was originally developed to explain or predict change in addictive behaviours (Prochaska, DiClemente, & Norcross, 1992). The TM, however, has also been applied to cessation of unhealthy behaviours such as smoking (Prochaska & DiClemente, 1983) and over-eating (O'Connell & Velicer, 1988), and the adoption of healthy behaviours such as exercise (Gorely & Gordon, 1995). The model suggests that when people intentionally change behaviour they do not do it in a single step but go through a series of "stages of change." These stages have been identified as precontemplation (no thought of or intention to change), contemplation (thinking about changing sometime in the future), preparation (making occasional small changes), action (actually participating in the new behaviour), and maintenance (having sustained the new behaviour for more than six months). Research on the model has also identified those different strategies and techniques used by people vary from stage to stage, as do other cognitive characteristics such as self-efficacy and balanced decision-making. Particularly significant to the purposes of this paper, the TM also considers an individual's "readiness to change" and the importance of matching the appropriateness and timing of interventions to her/his stage of readiness.

Carroll, Durkin, Hattie and Houghton (1996) have demonstrated that adolescents at risk and incarcerated youth set themselves rehabilitative goals post 16 years of age and that prior to this many of their self-set goals tend to be physical activity goals and power, autonomy and freedom oriented type goals. Outdoor and adventure education, therefore, presents to these populations at an optimal time in their lives the appropriate time to effect change and achieve these goals in more prosocial ways. In a Wilderness type programme involving young repeat offenders, Houghton, Carroll and Shier (in press) found that participants were more highly committed to physically challenging goals and hence susceptible to and "ready" for behaviour change. Indeed, the more physically challenging a goal (e.g., night time navigation, crossing a ravine by rope) the greater the degree of attention and subsequent success. However, are all participants in outdoor and adventure education programs "ready" for change?

Process of change.

The third aspect concerns *how* change occurs and whether or not pre-requisites are necessary. Curtis and Stricker (1991) consider part of making a change is a willingness to be changed. However, Giges (1995) pointed out that, in addition to wanting to change, individuals must realise that change is both an active and passive process. Not only do individuals have to do something; they must also allow something to happen to them. When presented with new information, which challenges their existing belief systems and learning, how much discomfort do our programme participants experience or allow? The process of change, therefore, involves a willingness to experience discomfort and "the unfamiliar," and to those wishing to avoid such emotional discomfort, change will likely be difficult. Perhaps the important point here for practitioners is that, while we can never prepare clients fully for new information and change, we can certainly prepare them better for the processes associated with change.

It is important to understand at this point that many high school adolescents experience failure and that, for many, this has been an on-going process since primary school. Consequently, such individuals do not wish to change to what we would term more appropriate prosocial type activities/behaviour. Rather, as shown by Houghton and Carroll (in press), disruptive school students use the discomfort they suffer from teacher and school discipline systems as a positive reinforcer to enhance their reputations and status among peers. At present this is the only way in which these students can be successful. Moreover, this process of reputation enhancement is well established by grade five of the primary school level (Carroll, Houghton, & Bryant, 1996). Therefore, we believe outdoor and adventure education, while being an ideal vehicle for children and adolescents at risk, may also be beneficial if introduced at an earlier age, ideally pre grade five level. In doing so we may facilitate a willingness to change and also make the unfamiliar more familiar, and hence more acceptable.

Resistance to change.

This final aspect concerns the barriers and obstacles to change and what inhibits, interferes with or discourages change. Often resistance stems from the feeling or anticipation of "loss" associated with losing familiar ways of behaving or responding or relating to others. Similarly, change is often resisted because it is "unnatural" or inconsistent with our identity or nature. Giges (1995) argues that our identity is only the habits, attitudes and choices that have become familiar to us. As a consequence, the key element to change is understanding that current perceptions of the self need not be permanent unless we decide that they should be so. Certainly change can represent a threat to one's self-esteem. If the change occurs too quickly, to an extreme degree or if the responsibility for it is attributed to others (e.g. school teachers, outdoor practitioners/programmers), "resistance will be all we are left with that is ours" (Giges, 1995, p. 10). In each of these cases resistance will quite likely be further intensified. Typical resisting thoughts include "change is not important to me," "even if this does work, it won't last." Prominent feelings associated with resistance include fear (fear of failure or criticism or inadequacy) anger (rebellion, defiance, retaliation - because the change initiative belongs to someone else) and guilt (shame if an unpleasant trait is revealed, or if someone else gets hurt).

The nature of change in itself often acts as the barrier. Consistent with Giges' (1995) argument, Carroll, Houghton, Hattie and Durkin (1996) and Odgers, Houghton and Douglas (in press) demonstrated that reputation is the most powerful factor affecting change. Of 23 variables investigated by these authors, 13 have been significant, and of those, 9 have been reputational variables. Furthermore, the variables comprising non-conforming reputation were the most significant. Why would an individual with a "bad" (in this case bad equates to good) reputation wish to change? The barriers to effecting change among adolescents often revolve around the nature of the activities and the interaction that takes place between the various clients and educators. Activities need to be commensurate with the type of image or reputation an individual is attempting to establish or maintain. The question is how can outdoor education facilitate this? That it can is evident (Crane, Hattie, & Houghton, 1996). What is now required is rigorous research to determine the processes that function in this.

One process common to outdoor education is verbal (and non-verbal) interaction between participants. This is particularly important for delinquents and adolescents at risk (Houghton, Carroll, & Shier, in press). Time to talk, usually around the camp fire at the end of a day, not only permits a time for discussion of the day's events/problems, but also provides opportunities to reflect on changing attitudes and reputations through more appropriate challenging prosocial activities.

Finally, Giges (1995) addresses the question: *How can practitioners help others change?* He believes that the guiding principles of intervention design and practice, or the essence of what we can do to help others change, can be expressed in four words: clarify, inform, explore and support. Briefly, clarify means helping others become more aware of the reasons to change (or not to) and more aware of the options, alternatives, choices and their consequences or outcomes. Inform means providing information and skills about dealing with unfamiliar and unpleasant experiences, emotions and thinking patterns associated with change. Exploration means facilitating an examination of resistance or "why not" issues, barriers and obstacles and, in particular, investigating the extent of unpleasant feelings such as resentment, sadness and fear which interfere with change. Finally, support refers to what is said and what is done to encourage individuals to persevere with the change process. Support techniques include listening without judgement, highlighting and celebrating "beginnings", acknowledging frustration, and inspiring courage to face and tolerate fears.

Giges' (1995) assertion that we can help others change by clarifying, informing, exploring and supporting fits particularly well with outdoor education and delinquents and adolescents at risk. These individuals cite the initial point of interaction between themselves and others as that which determines how they will respond (Houghton, Carroll, & Shier, in press). In the majority of instances the response is instantaneous and characterised by aggression. Outdoor and adventure education facilitates cooperation and collaborative problem solving between individuals and groups, which encourages individuals to listen, analyse information and choose the appropriate response option.

Implications and Recommendations for Practitioners

Recent outdoor and adventure type programmes such as that evaluated by Houghton, Carroll and Shier (in press) provide evidence of their suitability for delinquents and adolescents at risk. Such programmes fulfil their needs in terms of providing challenging physical goals, immediate gratification and hence success and, through this, the opportunity to develop more prosocial conforming reputations. What we need to ensure is that the benefits of outdoor and adventure programmes outweigh the consequences and that individuals have the opportunity to continue their participation. However, many adolescents attend a programme and then return to their community where the naturally occurring reinforcers are stronger. An analogy with smoking might be appropriate. Although people are initially able to stop smoking, relapse rates are very high. Principles of learning theory have been applied to the smoking problem without an effective understanding of smoking itself. To change smoking behaviour one must understand the dimensions of the underlying behaviour: its frequency, its association with external stimuli, its developmental course, its addictive component and the psychological needs that it meets. With this understanding we must then transport our interventions/programmes out of the "office" to environments in which our target groups are found. Outdoor and adventure education programmes provide the opportunity for this.

Second, many programmes concerned with behaviour change tend to focus on the final outcome. In other words, a "post course score" is produced by which change is evaluated. With adolescents at risk, however, change tends to be in small increments and in a diversity of skills and behaviours. Therefore, evaluations should be on going and include both personal and external assessments of attitudinal change as well as observable behaviour change. In addition, to facilitate change, appropriate positive reinforcements are necessary at "teachable moments" and should be delivered when small incremental improvements in specified items occur.

Third, during the change process all achievements must be recognised, praised, and reinforced. Honest and open communication must also be encouraged and supported and this is best facilitated through debriefing processes, which draw out participants' feelings before, during and after, and particularly the behavioural and affective sequelae of each activity. Framing and frontloading the experiences (Priest & Gass, 1993) will also help translate these changes to "real life," and foster the transfer of coping strategies to everyday situations.

Finally, change activities must be tailored to stage(s) of "readiness for change" of the participants. Experienced practitioners typically agree that time and efforts are often wasted on participants who either "don't know why they are there" or "don't want to be there" (or both) and are simply not ready to change. However, if programs are designed to match participant "readiness to change" mutual progress and benefits will be more likely. One of the keys seems to be in explaining "what's in it for them." Once the benefits of change to them directly are articulated, participants seem more likely respond to the cognitive and behavioural challenges ahead in the change process.

While B. Giges (personal communication, November 30th, 1995) firmly believes in the potential of outdoor and adventure programming for effecting meaningful and prosocial change in different populations (as do the authors of this article), his view is one of personal opinion. This article, however, has provided evidence from empirical evaluations of adventure type programs and also from research with a population (at risk youth) with whom we believe these programs might prove beneficial. Hopefully, therefore, by stimulating both discussions among practitioners from different working populations and with some personal reflection about professional practice, this article will promote efforts and interventions that can help realise this potential.

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Initiation: The Rights of Passage into Young Adulthood

By Leisa Thompson, Tim Battersby & Andrew Lee

Abstract

Adventure therapy is often reactive. We wanted to develop a process that is proactive. Our rationale was: why wait until there is a problem? We wanted to offer a process to all our students rather than waiting until they are identified as 'at risk' and requiring intervention.

This paper is not meant to be a theoretical interpretation. Rather, it is a practical account of our experience in developing a process to assist young people in recognising their new responsibilities as Senior students and formally celebrate the start of their transition into young adulthood with the guidance and support of adult elders.

Introduction

Three years ago we had the beginnings of an idea. We wanted to run a camp for our Year 11 students that would be both meaningful and useful for them as they made the transition from Lower to Upper Secondary School. It seemed to us that Year 11 marked a major milestone in the lives of our students. They were moving into young adulthood and embarking on academic programmes that would affect the opportunities available to them in the years to come. How could we help them develop the skills and resources that would enable them to make the most of their final two years at school? We came up with the concept of Initiation - one that would mark the beginning of a process which involved development of an identity as young adults, increasing personal responsibility and the growth of personal and group support networks. We wanted this to be a holistic process where traditional wisdom was interwoven with personal challenge. This article documents not only the process we developed but also our own journey in developing it.

You may ask, "why use initiation as a process?" Adolescence is a time of rapid growth and change. It is a time of transformation both physically and cogitatively. Cultures vary in their attitudes towards adolescents and in the practices they adopt for marking the boundary between childhood and adulthood. In many traditional societies initiation serves as such a marker. Maddern, (1990) argues that Australian Aboriginal initiations provide a framework that is relevant to today's youth. "Kids need opportunities to test their limits, discover their strengths, learn how the world was made, find out where they fit in, recognise their responsibilities to the Earth and to society, and to participate actively in and with their community." We believe such an opportunity was lacking in both the school curriculum and often in the wider society.

Adolescents also often participate in "initiatory rites" in an informal way; rites that are often risky in nature and ones that often involve no guidance by adults. They sometimes drink excessively, use drugs, drive fast and participate in activities that are guided by peer pressure. Tacey (1995) argues that these modern secular rituals end up being mostly destructive both to society and to the individual participants. We wanted to provide them an alternative, safe environment for discovering their adult roles and personal boundaries.

In Western society the transition to adulthood is a process which spans many years and is marked by physical maturation, cognitive development and personality development. The transition to adulthood is not sudden but develops as adolescents move through these developmental stages.

Erickson, (1968) argues that the major crisis of adolescence is the search for a meaningful identity. In order to resolve this crisis adolescents need to:

1. Select a set of personal values and beliefs.
2. Formulate a personality style which incorporates their unique qualities, dispositions and ways of relating to others.
3. Discover a niche in the outside world into which to slot their newfound self.

The initiation process we have developed does not intend for students to suddenly become 'adults' but rather offers them opportunities for physical challenge, self reflection, for clarifying their own beliefs and values and for finding meaningful ways to incorporate these into their roles as upper school students and young adults. We encourage them to view their transition into adulthood as a process, with the initiation ceremony being but one marker along the way. We encourage them to accept responsibility for themselves and their study and to assume leadership roles within the school and the community.

The Process

In developing the initiation process we identified a number of key components that appear in traditional initiation practices but also had significance in today's context. The headings we use are similar to those proposed by Maddern, (1990).

The role of elders.

We conceptualised our roles as leaders as those of guides and mentors. Knudtson and Suzuki, (1992) describe the role of elders as facilitators, or guides, rather than simply as instructors." Their role is to point people toward their rituals and growth processes that might help them become more aware of themselves as well as of the natural world and their place within it." Philip and Hendry, (1996) in their study on young people and mentoring describes mentoring as a "one to one relationship between an adult and a young person where the older, experienced mentor provides support advice and challenge." In developing the role of elders in our context we have attempted to synthesise these two definitions. We do not purport to have all the answers to life's questions but we do have our own life experiences to draw on and as elders we are prepared to share these with the young people we work with. Our role is to help our students learn about themselves and the world they find themselves in. We facilitate the process of learning but ultimately the learning comes from within the student in an experiential way.

There are a number of roles which our Elders play in the camp process. Prior to the camp, several subgroups coordinate planning logistical arrangements, researching and compiling updated versions of student and staff workbooks. All of the leaders met regularly to discuss the itinerary, process, workbooks, the group and various philosophical considerations. During the camp adult leaders operate as family group leaders for about eight students. This role allows regular meaningful discussion and reflection time to be shared amongst the group. Information about the itinerary, process and valuable feedback from the day's activities is discussed. One of the most critical roles of our Elders is to provide role models of attitudes and behaviours. During adventure activities, Elders act as facilitators of philosophical discussions. After the camp Elders provide an ongoing support network for the students back at school.

The selection of staff for the camp was of paramount importance. We developed the following criterion for choosing elders to participate in the initiation process.

1. They must be experienced in working in adventure settings and be aware of correct procedures, aware of their roles and responsibilities and their own limitations.
2. They must be willing to participate in the activities presented to the students.
3. They must be willing to explore their own potential and that of others in the group.
4. They must be prepared not to impose their own values but rather encourage the sharing of ideas and experiences.
5. They have the following characteristics: non judgmental, good listening skills, be caring, respectful, fun, friendly and open, and confident they can provide a safe and supportive environment for the students.
6. They need to be prepared to support each other and work as a team to resolve conflict and solve problems.
7. They must be prepared to offer ongoing support to students after the camp within the school context.

The symbolic journey.

The journey we take our students on is twofold. In traditional Initiations young initiates are often taken away from their families to journey to sacred places where ancient wisdom is passed on, challenges are faced and new responsibilities are acknowledged. We take our students away from home for five days to camp at Margaret River, a beautiful and picturesque setting on the southwest coast of Western Australia. It is renown for its rugged coastline, beautiful beaches and stands of Karri forest and a place where our initiates can reconnect with the power and wonder of the natural world. We also take them on a symbolic journey, which encompasses their childhood experiences, their adolescence and their transition into young adulthood. This journey is facilitated by a rich use of metaphor. Gass, (1991) describes the usefulness of metaphoric transfer to facilitate behaviour change during an activity rather than relying on the debriefing process to produce insight and change. We use the metaphor of the school community being analogous to being a member of a tribe. This metaphor is used to explore our interconnectedness to one another and to enhance the individuals role and responsibility to each other and the group.

Various adventure activities provide the vehicle for delivering different life lessons (e.g., responsibilities to the earth and each other). The setting and rising of the sun mark the symbolic transition from childhood to young adulthood. Each student is given time for personal reflection and time to process their experiences with the group as they move through each stage of the process.

The challenge.

Initiations involve physical and psychological challenge. By providing a series of adventure challenges throughout the camp the students are encouraged to explore their physical and emotional selves. Boranup forest provides the setting for students to discover their potential, to reconnect with the earth and to recognise their responsibility to preserving the natural world. Contos Beach is the venue for identifying their personal strengths, their roles and responsibilities, for appreciating each other's talents and differences. It is the time to explore the components of group success and the role each plays in that. It is a time for personal empowerment and an opportunity to experience the power and beauty of the sea. Giants Cave provides students with a peak adventure experience. They learn to trust each other, support each other, and manage physical and psychological risk. They experience both the fear and elation of successfully abseiling down the cave's solution pipes. They explore their limits. Golgotha Cave is a journey into the underworld to marvel at the beautiful formations, which have taken thousands of years to create. Here students face an initiative, which requires teamwork and persistence to solve.

Even the most resistant groups bond together to complete the challenge and experience group success. It is also a time to explore their psychological selves with opportunities to share their innermost experiences, fears and successes. It is an opportunity to finish unfinished business within the group and to ask for support and nurturance for the journey ahead.

Creating a vision.

As we become more aware of ourselves and our place in the world, we realise that we each have an important part to play and that we are responsible for how we play it. Victor Frankl describes it as "Everyone has their own specific vocation or mission in life... Therein they cannot be replaced, nor can their life be repeated. Thus, everyone's task is as unique as is their specific opportunity to implement it." People need a vision of where they are going and a mission to make their lives meaningful. As a school community we have these articulated in our vision and mission statements. As part of the initiation process we provide the opportunity for students to develop their own personal vision and mission statements and to consider how these can be enacted in their own lives and their lives as part of the school community.

Responsibility.

Throughout the initiation process responsibility is a key thread. Throughout the camp the students are given opportunities to take responsibility for themselves and each other. This begins with the development of a behaviour code for the camp, which is negotiated between all the participants, both students and elders. The code developed provides respect and safety for each group member. Students are also introduced to the Full Value Contract. This is a contract they make with themselves and each other to work together as a group to meet both individual and group goals, to adhere to safety procedures and to give and receive positive and negative feedback where appropriate. The goal of the Full Value Contract is to pass responsibility to the initiates for regulating their behaviour, participation and experiences. We also offer students Challenge by Choice. Each student can determine their own level of participation and challenge within the activities offered. It does not mean they can opt out of activities all together but rather it offers them a safety net to identify their minimum level of involvement. It encourages the group to respect each person's individual differences and to provide support to each other in achieving their goals.

After the first camp students began to expect to be treated like adults without any change or extra responsibility on their own part. We now place more emphasis on the fact that becoming an adult is not an automatic ritual or a right, but rather a status that has to be earned.

Support.

Throughout the initiation process we encourage students to develop support networks which will last after the camp. This is a multi-layered process. Firstly all the elders are chosen because they will not only support the students as initiates but also make themselves available to students once they return to the school community. In camp students are divided randomly into family groups. At least one elder is assigned to each family. The idea is that you can choose your friends but not your family. It is in these groups that the initiates experience each of the challenges. The initiates learn to get on with each other, solve problems and experience success with a group of people they might otherwise not have chosen. Each student also chooses a buddy with whom to share the highs and lows of their experience with. Time is set aside each day for families and buddies to meet. This enables the development of relationships and networks which last not only on the return to school but beyond.

Reintegration.

We have found many students have powerful experiences while away on camp and as a result it is important that they are reintegrated into the school community in a supportive way. The first step is to brief/debrief their parents. When the students arrive back at school their parents are invited to a meeting where the camp is discussed, outlining the activities they have participated in and the outcomes of these. Any problems encountered are discussed and the student's achievements are celebrated. Parents are also given some practical ways of supporting their children in their new roles as young adults within the school.

Context.

Support is also offered to the parents should any problems with their student arise. The teaching staff is also briefed about the camp and the outcomes experienced by the students. We encourage our staff to utilise tools such as the Full Value Contract in their classrooms and to support the students in taking responsibility for their study and conduct. On returning to school students are able to share their camp experiences either by contributing to a camp newsletter or to the school magazine. Ideally students are offered ongoing opportunities to meet as a group to explore and expand their adult roles.

What We Have Learned

We first ran this camp three years ago. We knew we had a great idea but we did not know how it would work. Since that first camp we have been on a learning curve sometimes steeper than others. We have continually evaluated our program and modified and improved it from year to year. We have changed our accommodation from comfortable dormitory style to camping out with few facilities on a sheep farm. We have developed comprehensive safety procedures, which are now documented in a manual for staff. We have developed staff training for new staff participating on camp. We have dealt with numerous logistical problems caused by an increasing number of participants. We have refined our concept and in turn refined the activities we offer as part of the program. We have rethought and resequenced. We found the students had heaps of support but as a staff we had very little so we have incorporated structured staff briefing and debriefing as part of our process. In the first two years we found an increase in the counselling load after the camp as students attempted to take on adult roles in their families and at school. This has led us to emphasise that becoming an adult is a long process, with the initiation camp being only one step along the way. The passage into adult is not an automatic right but one that has to be earned. We have developed workbooks for staff and students. We have talked and read and talked some more. We have come to appreciate the uniqueness of each group of initiates and have learnt to avoid making comparisons between the students from each year, recognising instead that each experience is highly personal and different.

Future directions.

The initiation process as described has been specifically designed and implemented to fulfil the requirements of our school setting but it could be easily adapted to provide a meaningful experience in any number of other settings (e.g., adventure programs in the private sector, with troubled youth, or other school settings). The program could also be expanded to include an extended vision quest, more time for personal reflection and time for dealing with specific issues pertaining to males and females, (i.e., men and women's business.) In the future we hope to expand and extend our original process to incorporate these ideas. We have found this program to be a worthwhile and exciting venture and this is encapsulated in the following words from one of the elders on this year's camp: "We have planted the seeds in all the students' minds and souls. Some of these seeds have germinated initially and grown rapidly. Others will lie dormant until the right time comes. Others will germinate and grow slowly after camp once the student has had time away to think. So few young people have this opportunity for their beginning of adulthood, to be recognised, acknowledged, celebrated and given significance and support with ceremony. The process is exciting, new and interesting to them and opens up a new world. It's amazing to watch the process develop."

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The Aftermath of the Port Arthur Incident: The Response by Project Hahn to Adolescent Needs

By Allan Adams, Robert L. Sveen, M.Ed. & Carey J. Denholm, Ph, D.

Background

The afternoon of April 28th, 1996 is often referred too as the day the island State of Tasmania forever lost its innocence. The murders of 36 individuals by a lone gunman reluctantly thrust Tasmania into the national and international spotlight on an unprecedented scale. One year later many repercussions in relation to national gun controls, community recovery plans and on-going counselling and medical care are still being acknowledged and addressed. On a local level, dissension over the right to publish books about the gunman and the suitability of the planned Port Arthur memorial centre continues. In light of the immensity of this event, many of these seeming peripheral issues may appear to lack relevance as compared to the human costs experienced by many residents of the Tasman Peninsula. Nevertheless, the somewhat tortuous and contentious resolution of each subsequent event can been seen as symptomatic of the many ripple effects within the community. One year later all Tasmanians continue to witness both subtle and overt reminders of this massacre.

The purpose of this paper is to discuss background details about the Project Hahn adventure-based program and to relate the sequence of events leading to the involvement of the organisation with the Port Arthur Recovery Group and the 42 nominated adolescents living in the Port Arthur area. As the response by Project Hahn has only recently commenced, involvement has been limited to the experiences of the first four adolescents from the Tasman peninsula. By way of a case study, discussion will include comments and observations from one of these participants. Experiences from her "journey" will be used to commence a profile of the ways in which this program is being used to assist adolescents directly affected by this tragedy to deal with personal, social and community issues. Discussion of post-course challenges faced by adolescents as they attempt to implement personal changes within their community will be included.

Project Hahn: Theoretical Approach and Philosophy

Philosophically, the Project Hahn program nestles itself within the framework of a social justice strategy. Wilderness-based adventure therapy courses consist of mixed gender groups with participants who represent a cross-section of Tasmanian youth and come from all geographical parts of Tasmania. Individuals access the program through referrals from Commonwealth employment agencies, community or custodial corrections, public and private schools, youth accommodation, disability, drug and alcohol services, or from self-enlistment.

Since its inception in 1983, 1400 adolescents have attended the program. Although open to the entire adolescent community, half of the participants (700) have been disadvantaged adolescent males and females. Gender balance is attempted, despite often the initial unwillingness of females to view the course as beneficial. Potential applicants are all young people, and include those who are disadvantaged as a result of socio-economic conditions in which they live or because they have been through a specific negative period in their lives.

Single individuals from a variety of backgrounds are targeted for each Project Hahn course and pre-existing peer groups are discouraged. Each participant therefore commences the course on an "even standing" with other members. Thus, without fear of judgement from peers, the opportunity is available to the individual to experiment with a range of new ideas and behaviours. Once committed, an agreement confirms all parties' roles with the aim of reinforcing the personal development aspects of the program and incorporating the follow-up component upon their return to the community.

The promotion of positive peer dynamics is a goal of each Project Hahn program through the use of normative group development processes. To complement the social function of group development, each course also sets out to reverse participants' self-defeating internal dialogue through a progressively continuous process of task mastery. Essential to this program are the learning and successful achievement of goals and the agreement with others upon general social values. It has been our experience that this process strengthens the individuals' social repertoire of coping mechanisms to defend against peer pressure; aimed at assisting the return to their social situation (Sveen, 1994).

The instructional use of risk-recreation activities (e.g. rockclimbing, caving, kayaking, abseiling) as a behavioural learning tool, focuses participants on the immediate situation at hand with decisional consequences impacting on a personal level. This approach intends that short-term future behaviours can then be influenced through the continued reinforcement of personal decisions which reap success and the subsequent extinguishing of behaviours from decisions that potentially cause discomfort (Sveen & Denholm, 1993).

One of the essential tenets within this program is that existential understanding develops through freedom of task choice, peer and leader support and challenges which extend participants to their perceived personal limit. Post activity time alone in the evenings is encouraged as a method of further self-discovery (Sveen, 1993).

Staff at Project Hahn learn much about participants prior to and during each course and the organisation operates follow-up programmes for all participants. If personal issues have not been dealt within the standard course then it is often likely they will surface later. Follow-up courses vary in location and duration and are designed to be demanding on a physical and psychological level. The second contact with the programme is designed for individuals who are serious about working on positive change and are eager to communicate their feelings and sense an urgency to continue with their personal goals.

Finally, moral growth is cultivated within this program through small group peer interaction as well as discussion of safety and well-being issues necessary for the comfort of each member. This aspect involves co-operative living through the discussion of meaningful issues, which indicate how personal behaviours impact on the remainder of the group. Any subsequent personal shift or resolution to support a moral stance necessary for group maintenance and support is encouraged and recognised.

It is the intention of the Project Hahn staff to allow participants the freedom to react and challenge in any way they feel is appropriate and responsible during a wilderness experience. Thus, it is believed that on-going positive future behaviour has more likelihood of success through heuristic learning than if subtle advice is offered. Such increases in participants' behavioural and social repertoires is considered an holistic issue of program efficacy (Sveen & Denholm, in press).

The Response to the Port Arthur Incident

In July 1996 Project Hahn made initial contact with the Port Arthur Recovery group, established to support the Tasman Peninsula community in the aftermath of the tragedy. Considerable interest was expressed in terms of what Project Hahn might be able to provide for adolescents affected and living in the immediate vicinity. The only school serving the Tasman Peninsula including Port Arthur, Tasman District High School, became the community-based referral agent and several teachers and the school psychologist provided assistance.

The proposal offered to the community was to invite participants to attend Project Hahn, regularly scheduled throughout the year. As a result of several visits, key contacts and a guarantee of placements on future courses were established. The first available openings occurred in September and November 1996 and were accepted by the first four of the 42 identified adolescents in the area who were exhibiting signs of distress or other problem behaviour. The following brief case study demonstrates how Project Hahn was able to accommodate this one adolescent and respond to her most pressing concerns.

Case Study: Jacklyn*

Jacklyn is a 15 year old student who attended a five-day day Project Hahn course held on the Tasman Peninsula (10km from Port Arthur), a venue offering opportunities for abseiling, kayaking and multi-day walking. Jacklyn made the following comments during her pre course interview.

(Personal objectives) "I want to meet new people (I'm fed up with the boring old set)." (Interests) "All kinds of sports, in particular, running,swimming and my main passion of surfing." (Like to change) "Develop alternatives to arguing with my mother and sister."

During the first day Jacklyn found the canoeing particularly trying. She and another participant shared a double kayak and soon discovered steering in a straight line was rather difficult. They were unable to co-ordinate their paddle strokes in the gusting wind. Consequently they wasted valuable energy and while pausing to gain some respite for their tired arms the wind swept them back along the bay from where they had struggled hard to come. Jacklyn was very frustrated with herself and her partner as their skill level was not evenly matched and it appeared she was doing the majority of the work. With support from the remainder of the group they eventually made it to the other end of the beach, where she swapped partners and paddled with someone with whom she was more evenly matched.

During the evening discussion on Monday night, Jacklyn set several personal goals:

- Complete a forward abseil
- Learn to push past the fear when faced with a serious challenge
- To stop putting herself down
- Stop being domineering within group situations

It was during this discussion that she revealed that her absence from home on the day of the massacre (she was 120 km away visiting in Hobart) gave her the feeling she had let her family down. As the news filtered through via the media to Hobart she recalled that her concern for her family grew. All phone lines had been "jammed" and for most of the evening there was no news regarding her twin sister. Later that evening she experienced severe anxiety. It was not until much later that she was able to ascertain that her family was safe. She indicated during the discussion that since the day of the massacre her level of concern for her family grew whenever she was away from home. Her understanding was that she became worried in case something like that happened again.

Jacklyn had abseiled once before and on the following day displayed a positive outlook prior to the session. A variety of abseils were rigged up, graduated accordingly to ensure a successful outcome for each participant. After completing the first two successfully, Jacklyn hung back during the final 15m abseil. She was the last participant and expressed concern over her ability and was quite nervous about leaning out over the edge. While leaning at maximum angle and poised ready to descend past the lip, the instructor asked her to close her eyes and describe what she visualised. She imagined the group and her family encouraging her to go down the cliff. She achieved the remainder of the abseil with ease and stated later that she felt compelled to complete it because she didn't want to let the group down.

The next evening the group prepared for the bush walk and departed for a campsite about 90 minutes down the Cape Pillar track. At this stage of the course the group assumes the leadership responsibility and instructor intervention from then on is limited to duty of care issues. During the walk that evening the group split up along the track, despite agreeing to stick together. When the remainder of the group caught up with two male participants in the lead, Jacklyn gave them some feedback on staying together. Whereas it was presented in an open manner, her response was met with considerable defensiveness and opposition.

Jacklyn took over leading the group from this point and regularly received negative comments over the pace she was setting. The remainder of the group supported her during this tirade of abuse from the original leaders while the instructors endeavoured to get to the core of the issue. The crux of the issue was centred on the change in leadership, which the original leaders were reluctant to let go of. This demonstrated to Jacklyn and the other participants the inherent strength that lies within a group that is willing to stand its ground. In forcing these individuals to conform to the will of the rest of the group, they discovered a new strategy on how to deal with adversity. The angry reaction then became a conscious acknowledgment by the original leaders of their powerlessness to manipulate the group.

The discussion after dinner centred on the issue of leadership, with blame being levelled and Jacklyn taking a lead role in directing much of this discussion. During the next evening discussion, the group were asked about progress towards their goals and were invited to give each other feedback. Jacklyn received feedback about her goal of non-domineering. The group did not think of her as domineering during group discussions, rather they valued her honest manner and her ability to listen to all the views presented and sum up the situation.

A later logbook entry included the following: "I'm quite excited about going home tomorrow. I'm looking forward to: 1. My surfboard; 2. Hot bath /real toilet; 3. Everything that isn't here; 4. I'm also looking forward to the walk back."

On the final day the group assisted with packing the trailer and then drove to the beach for a final de-brief. The instructors asked each participant the following "miracle" question: "One night while you were fast asleep, a miracle happened and your problem was solved. How do you know it was solved and what would be different?" Jacklyn's reply was, The massacre at Port Arthur wouldn't have happened and nobody would have been killed and the difference is we wouldn't have to hate Martin Bryant.

Issues identified with Jacklyn that she needs to continue to work on included:

- Not putting herself down and developing her positive self talk
- Giving herself positive reinforcement
- Setting realistic goals and learning to re-evaluate completed goals
- Fostering her leadership potential and developing less authoritative styles
- Accepting mistakes as part of learning

During the week following the course Jacklyn returned to school. She delivered a fifteen-minute speech to the 300 students at the school assembly outlining her experiences. In her role as activity organiser at the local youth centre, Jacklyn now has the opportunity support the remainder of the identified youth from a participant's perspective of the Project Hahn program.

Four weeks after the course Jacklyn reported the following:

> *Main emphasis of the week:*
>
> The discovery of how different we all were, learning to understand each other's ways and finding that getting along together was a lot of hard work.
>
> *Key thought about the course:*
>
> I mostly think about how easy it was to talk about the way we felt.
>
> *Post course conversations:*
>
> I found talking about stuff helped during the course, but it doesn't help at home with my mum and sister. I've tried talking with my sister but it doesn't work, we just have the same old arguments. I could really use someone to talk about my feelings.... I can't talk about intimate things with my friends at school because I am frightened of people blabbing and I can't trust them. I miss it heaps talking to people.
>
> *Personal learning:*
>
> Just how much I missed my mum and the family. I really missed the comfort that comes from familiarity and knowing what is going to happen next.
>
> *Reacting to new situations and facing fears:*
>
> When I don't know what is happening next I become scared, nervous and tend to close up, but I really like being stimulated by new things...I think about it first and what's going to happen. I face my fears as soon as I can because I know I have to eventually face them in the long run.

> *Reflection on personal changes:*
> I wanted something to change. I wanted to learn to get on with my family but it hasn't happened.
> *The miracle question:*
> I would have sorted out things with my boyfriend and we wouldn't have had to split up. Secondly, that the positive things that are happening now in our community would have happened without the massacre at Port Arthur.

Jacklyn returned to attend a follow-up course in caving in April 1997. This gave her a chance to meet an entirely new group, which afforded a neutral and supportive environment. She reported that as this final course occurred some 300 km from her home, in light of her previous traumatic experiences with separation, this was the first time since the event that she had been able to cope in being such a distance from her family.

Conclusion

Four weeks after the follow up course it was evident that Jacklyn was able to reflect on personal issues with clarity and depth. She reported the development and maintenance of more positive self-talk and a more realistic appraisal of fears of new situations particularly when confronted by physical challenges. However, Jacklyn was disheartened at her inability to resolve conflict with her family and a major difficulty continues to be the absence of a trusting and confidential friend.

Adolescents are often considered to be the "social barometer" of any community. Given the traumatic event and its impact upon the entire community it is not surprising that issues of trust, vulnerability and protective and defensive behaviours continue to be mirrored and surface amongst adolescents. As one of Jacklyn's teacher's commented: The issues that present themselves are varied. One trend is the desire for the community to put the event behind them and get on with the healing process. As a result the first anniversary of the Port Arthur incident that is planned for April, is to be very low key.

Prior to the massacre, youth living in the Port Arthur experienced low levels of activity, boredom, and attendance at the local youth centre had been sporadic. Since the incident interest has grown with seven assistants and leaders now organising video and regular game evenings for 25 young people. In addition, the influx of counselling professionals has provided impetus for individuals to have the courage and legitimacy to seek support and the opportunity to acknowledge specific and existing problems within families and in the community at large.

As reported, of the 42 adolescents identified by the Port Arthur Recovery Group only four have attended a Project Hahn course. Due to the urgency of the needs of these particular youth, the principle of heterogeneity to include pre-existing peer groups may need to be relaxed. Selected and mature youth may be brought from elsewhere in Tasmania to join with four or five individuals identified by the Port Arthur Recovery group.

For the adolescents directly affected by the events of April 28th, 1996, Project Hahn has been entrusted to provide much more than a wilderness challenge experience. Experimenting with a range of new ideas and behaviours, confronting salient and pressing issues and providing time and the opportunity within a supportive and safe environment to express fears, pain and the traumatic impact of this event, become aspects needing planned intervention throughout each wilderness challenge course.

* Participant's name has been altered

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Reflections on Wilderness Therapy

By Erin J. Eggleston

Abstract

Eighteen months after a phase of participant-observation with Te Whakapakari Youth Programme (Great Barrier Island, New Zealand), ten young persons were re-interviewed about their experience of the programme. Their thoughts about the elements of the programme, which were important in their lives and their experience at follow up, are reported. Their ideas regarding the optimal target population and programme duration are reported. The healing themes around the most dominant cluster of therapeutic elements, relationships, are also discussed. Participants describe the benefits derived from the experience of whaanau, helping, talking, listening, trusting, respecting and disciplined working. Integration of the key healing components and programme themes clarify what can be learned from participant experience for the New Zealand context as well as for the wilderness therapy literature.

Introduction

Exercise and outdoor pursuits have long been understood as therapeutic: "the wise, for cure, on exercise depend" (Dryden, 1675, cited in Spencer, 1990). These ideas were first put into official practice during World War II with an Outward Bound training program in Scotland intended to physically and psychologically prepare men for life at sea (Berman & Anton, 1988). Outward Bound has blossomed to cater for populations ranging from high school students to corporate managers (Burton, 1981) and physical activity programmes have become a popular adjunct to mental health services (Minor & Elrod, 1990; Marx, 1988; Hilyer, Wilson, Dillon, Caro et. al., 1982; Wright, 1982; Collingwood & Engelsjerd, 1977). The environmental education (Miles, 1986) and life changing experiences (Berman & Anton, 1988) that Outward Bound and other wilderness programmes facilitated were not readily duplicated in traditional school, home, office or clinical environments; moreover, the emotional benefits of physical conditioning became well documented (Hilyer & Mitchell, 1979; Stanaway & Hullin, 1973; Collingwood, 1972).

The utilisation of the outdoors as a metaphor for therapy or a medium in which therapy may occur, a wilderness therapy, has been a secondary step from the former idea of exercise and outdoor pursuits as inherently therapeutic. Such a distinction is clouded by issues of training, therapeutic rationale, measures of success and definitions of what it means to be doing therapy (Davis-Berman & Anton, 1993).

Of the authors who report a wilderness therapy approach, clients have included psychiatric (Pawlowski, Holme & Hafner, 1993; Stich & Senior, 1984), chronic drug dependent (Gillis & Simpson, 1991), adolescent offender (Sachs & Miller, 1992; Burdsal & Buel, 1980), emotionally disturbed (Clagget, 1989; Behar & Stephens, 1978), familial (Bandoroff, & Scherer, 1994; Mason, 1987), and sexual abuse survivor (Asher, Huffaker, & McNally, 1994) populations. Common threads of rationale for wilderness therapy include development of interpersonal/cooperative skills (Sachs & Miller, 1992; Berman & Anton, 1988; Behar & Stephens, 1978), self concept (Klorer, 1992; Brown, 1986), connecting of physical and cognitive dimensions of self (Mason, 1987), transforming body image (Arnold, 1994), reducing substance use (Behar & Stephens, 1978), promoting adaptive, pro-social behaviour (Berman & Anton, 1988; Pawlowski, Holme & Hafner, 1993) and increasing motivation (Berman & Anton, 1988).

Mulvey, Arthur and Reppuci (1993) summarise that while claims are often made to the apparent effectiveness of wilderness programmes in the treatment of juvenile delinquency, the "nature, extent, and conditions under which positive outcomes occur is unknown" (p. 154). It seems illusory, however, to try and compare a vast array of programmes on the basis of possibly only one similarity: that they occur in wilderness settings. While programme diversity makes evaluative comparisons difficult, it lends well to descriptive and discursive approaches. Wilderness therapy research to date has concentrated on testing clinical objectives rather than more openly trying to learn from those who have experienced the programmes, for example, discerning what was important to the participants.

During August of 1993 the author attended Te Whakapakari Youth Programme with twelve young people as a participant-observer. All twelve programme participants were interviewed before they left the programme and as the first phase of the present study, ten were re-interviewed during late 1994 through early 1995. Evaluation of treatment initiatives for emotionally disturbed and behaviourally problematic youth typically focuses on recidivism as the measure of success or failure (Mulvey, Arthur & Reppuci, 1993; Basta & Davidson, 1988). In an effort to expand upon this tradition, participants were provided the opportunity to add additional variables in order to capture the richness of experience that exists in Te Whakapakari Youth Programme (Great Barrier Island, New Zealand) and the lives of the young people who attend it. Such richness is not captured by statistics, yet represents the broader contextual explanations for understanding why and how change did or did not occur. Few researchers in the wilderness therapy literature have privileged the knowledge and experience of the young person about their own understanding of what participants have obtained from youth programmes.

Overview of the Programme

Originating as a Maori Affairs initiative in 1977, Te Whakapakari Youth Programme on Great Barrier Island, New Zealand, brought together youth of many different cultures.

The programme was run under Maori principles of life and promoted participants working together as a whaanau (extended family) in order to survive in their wilderness surroundings for the period of one month. Referrals came primarily from the youth justice branch of the Children and Young Persons Service as a result of a family group conference. Youth justice covered the $1000 per programme required for each participant. The goals of the programme as described by the co-ordinator were to create a wilderness environment that will foster confidence, trust, community, co-operation, hope, cultural understanding, and an appreciation for nature. Whakapakari co-ordinators aim to break the cycle of abuse and give participants both the skills, kaha (inner strength), and spirituality to do so.

Programme participants were given responsibility and challenges in an outdoor environment, learnt a range of technical and cultural skills, became socially involved in a closely-knit whaanau and were given the opportunity of confronting the problems of the past. Each day was spent gathering firewood and kai moana (seafood), preparing food and maintaining makeshift accommodation on an island five hours by boat from the troubles of the mainland. Whakapakari prospered through the use of positively organised peer pressure; it was a group event and therefore most suitable for those that could work as part of a team. In discussions with the programme co-ordinator about the philosophy of the programme, he discussed trying to break the cycle of abuse. As he said to his participants: "Whatever you have done in the past, we don't care; you are here now to learn, develop and grow" a statement which translates the word "whakapakari."

Programme participants.

While Whakapakari is a Maori initiative designed to help young Maori, particularly those involved in drug/solvent abuse; the programme co-ordinators accept participants from wide ranging cultures and ages. Participants ranged in age between thirteen and eighteen and suffered from a variety of problems including sexual/physical/drug abuse, neglect, and antisocial/violent tendencies. Participants had been in trouble with the law from an early age and had each spent time in youth institutions due to involvement in theft, robbery, car conversion, use of firearms or assault. Only one female participant attended the programme.

Supervisors.

Whakapakari supervisors were primarily participants who had graduated to the status of supervisor through spending extra time on the programme. On the programme observed for this study, there were three paid supervisors (two males) and two trainee supervisors (both males).

Co-ordinators.

Hone and Willi daSilva co-ordinated Whakapakari together. Hone is the primary facilitator of each programme. While not supervising a specific group of programme participants, he maintained a directive role: organising activities, directing and advising supervisors and general management. Hone had an additional role as counsellor. Willi was primarily based on the mainland and dealt with administrative issues, liaised with agencies and families of participants, and organised the components of the programme which occurred in Auckland.

Method

The thesis that drives this study is that by carefully reading and attending to the spoken texts of youth, psychologists can enhance their understanding of, learn from, and improve their relationships with youth. Like Decker and Van Winkle (1996) this is a study of the young person's perspective, guided by the premise that the best information about the experience of young people would come from young people contacted directly in the field. A "text" therefore is a spoken representation of personal experience. In this study, texts are generated from interviews and casual conversations in a field setting.

Methodological narrative: The process of doing research.

It was the last day, the day we all returned from our wilderness retreat on Great Barrier Island to the hustle and bustle of life on the mainland; the day participants went back to their invariably difficult home environs. As we crashed back through the waves, I thought of each participant: "What would become of them?" "Was this it?" "Were they now expected to be fully functioning and contributing members of society?" "Would I ever see them again?" I had in my head, in my notes and in my photographs, the memories of an enlightening experience. Over the months that followed, while I wrote about the experience of Te Whakapakari Youth Programme (Eggleston, 1993), each participant was having a new experience. A year after we had returned from Great Barrier Island I began tracing the whereabouts of each participant. They had spread out across the country, only one having a stable address for the year that followed. I sent out a letter to each participant addressed to the "current address" on the Whakapakari referral form and received a response from one letter out of twelve. I then spent a week in Auckland during August of 1994 trying to trace and interview participants. By the end of that week, I had interviewed two participants and had come across many difficulties.

Firstly, the participants themselves moved around a great deal and the whereabouts of many were unknown even to their parents. Secondly, those who were living at home tended to have parents that were also somewhat transitory: addresses changed and no forwarding address was readily available. Thirdly, ten of the twelve participants either had no phone number or the phone had been cut. This was unsuccessfully my secondary form of contact after letters.

In the official realm I came up against the Privacy Act (1993) with regard to government departments supplying me with information about their clients. I attempted to get around this problem by leaving the following message to be passed on to the participant by their social worker: "Erin Eggleston is trying to contact you as part of his research and would you please ring him collect if you are willing to be part of the study." They therefore had the right to decline participation and retain their privacy if they chose to. It was somewhat hit and miss whether I came across a helpful official. However, I found that by faxing around the Children, Young Persons, and their Families Service (CYPS) and the Department of Corrections, I was able to find a number of reliable social workers who went out of their way to legally provide me with the information I required. I was able to find the ex-Whakapakari participants (or them find me as happened most often) because of the rapport I had established through one month together in a wilderness survival situation. Regardless of whether the seeds for a good interview had already been sown, participants proved very difficult to find.

Finding participants.

Andrew, for example, was particularly difficult to locate. His mother had moved without a forwarding address, and neither Social Welfare nor the Police could help me as he had not been in trouble (and got caught) since Whakapakari. Five months later one of the other participants reported seeing Andrew working at a bar in town; I went down to the bar and got his phone number from the manager. Andrew was very surprised that I had managed to find him. He was happy to talk with me, but I had a sense that he was not telling me everything. Finding Anna was not easy. She had moved at least four times since coming back from the Barrier. I was eventually able to contact her via the CYPS who, after negotiation, gave me the number of her mother. By the time I reached Anna, she was becoming settled in the rural town where she has been for the past nine months.

I interviewed Rewi in a Secure Care Unit. He had spent much of his teenage years in and out of such institutions. Recently introduced privacy legislation made it very difficult for me to find out exactly where Rewi was. After four months of phone calls, writing letters and sending faxes, I had a vague idea of where Rewi was located. I used the information I had to contact Rewi's social worker who was willing to pass on the message to Rewi that I wanted to talk with him. He rang a day later. To find Richard I first sent numerous faxes to CYPS around the North Island, letters to Richard's family and asked other participants for help locating him. I had given up on finding Richard. He moved very often and his whereabouts were often unknown. When I went to see Clive, I heard Richard was staying in that town but did not have any idea where. Richard did not know I was looking for him (he had not received any letters). Following Clive's interview, we went into town to try and find Richard and sure enough, there he was. His face lit up when he saw me "What are you doing up here?" he said with surprise and wide-open eyes. " I came to see you and Clive," I said "jump in." We talked in the car for awhile and then went into a sit-down fish and chip shop and had a brief, yet informative interview.

Interview structure.

Despite having some key issues I wanted to discuss, I structured the interviews in favour of trying to explore participant perspectives. I tended to use the participant's last answer as the base for the next question, trying to both follow their line of thought and test ideas I developed as the interview proceeded. This technique is described by May (1993) as the focused or unstructured interview and has the benefits of revealing interviewee concerns and constructions of reality, and challenging the knowledge of official accounts.

Interviews began with about five minutes of "catch-up" time. Both the participant and I would talk about what we had been doing over the past year. I would mention the book I had written about our time on Whakapakari and let participants flick through it, most only looking at the pictures but all showing enthusiasm to either get a copy or some of the photos.

When I felt the timing was right, I would outline the reasons why I was there to see them. I would discuss the contract that confidentiality would be maintained between my supervisor and I, and personal information would be disguised to ensure that the participant could not be recognised (such as places and names). I would then ask the participant if it were okay to record the interview on tape; I would sometimes have to go back over the confidentiality clause at that stage.

I would then turn to the computer and ask the participant whether they recalled the last interview we had. Invariably they did but many could not recall any of what they had said. Typically participants found it quite amazing when I said, "It's all right here in this computer." Having gotten their attention, I would proceed to call up their file and outline the interview structure. I told them we would start by going through what they had said previously and that they should feel free to agree or disagree with, change, add to, or talk about what they had said at any stage. Participants were encouraged to use the computer themselves (five of them often did to some degree) but I ended up doing most of the typing. I explained that after we had re-evaluated this first set of questions, I would then ask them a set of questions about what had happened since they came back (see appendix A for interview questions).

As we proceeded through the interview, we talked about each question and often broader issues. The questions served as a base for discussion not as a rigid structure. Participants were able to talk for as long as they wanted about any of the questions or related issues they thought to be important. Most of the information was typed into the computer at the time of the interview. I would often clarify what the participant said as I typed and this would lead to a more complete explanation or example.

Analysis

Thematic analysis of transcripts.

The analytical method of this study was described above as carefully reading and attending to youth texts. Unlike a traditional psychological approach which "listens" carefully to texts for the purpose of reliably or validly categorising, diagnosing or identifying symptoms, the purpose of reading and attending here was for learning about the meanings that were real and relevant to the speakers. Drawing originally from sociology, this analytical method is known as theme analysis (Kellehear, 1993). Ideally participant texts "speak" around a range of desired issues and the analyst develops themes, which accurately represent participant texts. As validity of interpretation rests on "how well a researcher's understanding of a culture parallels that culture's view of itself" (Kellehear, 1993, p. 38), participant-observation is arguably an excellent data gathering method to accompany thematic analysis. In New Zealand, Leibrich (1993) used a thematic analysis of interview transcripts to draw out common themes for stopping crime amongst adult ex-offenders. Like Leibrich (1993), I approached the interviews with issues in mind (see appendices 1 and 2), yet the participatory part of the study was a great deal less specific. In this study the process and results of the thematic analysis rest partly on a bedrock of direct experience with youth and youth gangs. Given the multi-cultural context of this study (not simply ethnic but also the experience of being a young person, the culture of poverty, and the criminal sub-culture), such experience adds credibility to what can be described as an (not "the") interpretation.

I compiled all interview transcripts into one document and read through them to re-immerse myself in the data. I slowly read back through the transcript document, writing words on the side of the page that I thought represented a phrase or statement that a participant had made. This process, known as coding (May, 1993), allows threads of experience to emerge from participant talk and is a way of organising the data so that such threads can be compared and contrasted with others. As Isinger (1991, cited in Kellehear, 1993) suggests, I then re-organised the interview data, clustering together threads of common experience. I then re-read through the partially organised data, comparing the different talk within clusters, with the aim of finding a labelling word (or theme) to represent each cluster. By re-reading, thinking about, and re-reading again what had become very familiar, data I was able to settle on key themes of common experience that I thought explicated the participant perspective. From this point I used my ethnographic experience in the field setting to test and add to the representative nature of each theme. I would ask myself: "Does this theme ring true based on my experience on the programme?"

Validity checks.

Hammersley (1992, cited in Altheide and Johnson, 1994) argues an ethnographic account is "valid or true if it represents accurately those features of the phenomena that it is intended to describe explain or theorise" (pp. 487-488). While the present study is an attempt at cross-cultural translation, it would be extremely presumptuous to suggest that such realist accuracy is possible here. Based on the principle that the social world is an interpreted world (Altheide and Johnson, 1994), I incorporated two attempts to examine my interpretations into the research design.

Firstly, I was presented with the dilemma that while there was a number of similar themes across participants, each transcript related to a life story (or at least "life after the programme" story) which I thought needed to be told to contextualised what each participant was saying. As part of the analytical procedure, I constructed an interview summary for each participant. I sent each interview summary to the appropriate participant for comment. I included a couple of questions within each summary and provided some instructions for the participant concerning response and free post return of the information. The information I received back was very useful. However, only receiving two out of ten return letters implies that the written medium was not an ideal method for communicating with participants.

Secondly, consistent with interpretive principles, as suggested by O'Neill (1992), I gave copies of all interview transcripts to three evaluators who completed the first phase of the theme analysis procedure independently. I asked them to write down their own "labelling words" beside participant phrases and offer an interpretation of the main points present in the interview data. While similar summary words emerged across evaluators and myself, this procedure was useful in helping to clarify and further interpret participant perspectives.

Ethical considerations.

As this research is, in methodological terms, an ethnographic endeavour, it is fitting that it be guided by the comprehensive ethical code of the New Zealand Association of Social Anthropologists (NZASA, 1992). Fundamental to this code is that "anthropologists' paramount responsibility is to their research participants" (NZASA, 1992, p. 2). I turned to this code for guidance on ethical dilemmas regarding participant-observation, interviews and research in general.

Summary of Interview Data

Five out of ten participants said that Whakapakari made them think about where their life was heading, eight out of ten said that it helped them overall, and five out of ten said that Whakapakari was a special time in their lives. I pursued this information by asking whether Whakapakari helped them in any way, what is was at Whakapakari that made the difference over other methods, how Whakapakari was different from seeing a social worker, and was there anything that stuck in their mind about Whakapakari.

When asked if Whakapakari helped them in any way, participants talked about communicating with other people, and relationships. Whakapakari taught them to respect others that in turn respect them, it helped control their anger, it settled them down, it taught them Maori culture, it helped them to decide that they did want to get back with their families. Comments were, however, two-sided. For example, Clive noted: "Before, I didn't really do anything with others, stuck to myself;" and Richard suggested that the programme "would have been all right if I had been living over there forever," meaning it helped him but not for city life. Other more detailed comments regarding the question of whether Whakapakari helped them included:

> It helped me to keep off drugs, alcohol and glue. I realised that taking those things fucks up your life, I don't wanna be a cabbage eh (Johnny).

> The way Whakapakari made me work, (I) knew how to work just never had worked. Had to be told to work, now I don't have to be told (Clive).

> Changed my attitude, didn't like people. If I had the same attitude now I wouldn't be talking to you, I would have just walked straight past you. I communicate with people: I just think that they are all whaanau. Gave me heaps of kaha inside (Tawhai).

> Helped me gain respect...someone in my auntie's family had died and that's what I sang, Totara Tree. Because I thought it was the perfect one for that occasion, because it was meaning one is born and one will come. There was a lot of people there and nobody had sung anything, I just jumped up and started singing. I wasn't ashamed or anything, I just wanted to show everyone, especially my auntie. She don't think anything of me, and after that I got a bit of respect (Rob).

Whakapakari therefore helped these participants by making them work, keeping them off alcohol and drugs, changing their attitude, and helping them to gain respect upon return.

Reflecting back on their experience of the programme, participants described the things that made the difference for them: the people; the family atmosphere; it being a Maori programme; the strictness; the togetherness; having time out to think; and the programme being a confidence booster.

> The people there: it was like another family for a month, the place cause it was quiet and gave me more time to think, some primo times over there (Clive).

> Before I left the family home I never used to think Maori, but when I went back that's all I was thinking: Maori songs, Maori things, being free, doing something different (Rob).
>
> Strictness helped keep me in line. I didn't need it but it didn't do me any harm (Andrew).
>
> Everyone was together and did things together, worked together and co-operated, it got you (physically) fit (Anna).
>
> Gives you time to think of what you've done, what you're gonna do when you get back and how you are going to get out of your troubles (Tawhai).
>
> Gives you more confidence in yourself, it's not really to do with anyone else – it is about yourself (Richard).
>
> Time to think, time out (Johnny).

When asked why Whakapakari worked over other methods, participants talked about getting to know yourself, the sprit of the whaanau, experiencing new things, being away from temptations, the strictness, keeping out of youth secure units, the work, having to do it all by yourself, time out from other stuff, and most poignantly: "there's just something special about that place."

Participants described Whakapakari as different from seeing a social worker because it has qualities of learning, it was "choice," and as one participant said, "it is just completely different." While one participant stated that he would rather see a social worker, most found their dealings with the CYPS to be somewhat inadequate. This was especially notable for the more hard-core offending participants. At the extreme, Tama believes he never got to see a social worker in a helping capacity. Tama stated: "The only time you saw them (social workers) was at a family group conference and even then they were never there. At least the supervisors (at Whakapakari) listen and do something for you over there."

Four participants emphasised the long-term nature of the programme as important because it meant you had time to listen and the people were always around. As Anna said: "You know you will be there for a whole month. There are consequences of trouble, rather than getting shoved off to another place."

The things that stuck in the minds of participants were songs, culture, kapahaka and haka, fish, the memories, John, the people, Kevin making participants do 100 press ups, the company, the quiet, the hard work, bush as far as you can see, the day they left, looking at the bay and the big bushes, the day they left it felt like a special place, getting caught smoking some marijuana which was smuggled onto the island, going fishing, and relaxing. Regardless of whether they enjoyed the experience of Whakapakari, each participant had some very vivid memories of what went on there.

Cultural development.

Six of seven Maori participants said they have become more involved in their culture since returning from Whakapakari and five of those seven suggested Whakapakari was the impetus which made them think about getting into their culture. They talked about: having the Maori songs in their head and cultural things being "choice," doing a wero (prestigious part of the welcoming ceremony to a Maori village), attending a Maori language and culture course, becoming involved in a kapahaka (performance training) group, doing a Maori ambassadors course, getting taiaha (traditional weapon: now used in performance) training, taking a carving course, and joining a kapahaka group. Clive thought the kapahaka training sessions were "choice," (very good) and elaborated: "I am into my culture; (it) didn't keep me out of trouble much though." Johnny thought the best part of Whakapakari was "teaching the kapahaka." He went on to say "Culture? That was my main subject." Looking back Anna said, "My understanding of Maori culture is better," and has since got more involved with her Maori heritage. When asked about the experience of culture on Whakapakari, Rewi said: "I joined a Maori culture group when I got back."

As a "pakeha" (New Zealander of European heritage) I was ill equipped to evaluate the cultural aspect of the programme, but as someone who experienced the programme as a participant-observer during 1993, I found it easy to understand at least the degree of enthusiasm concerning the cultural aspects of the programme. There was certainly something special, and indeed spiritual, about living a traditional, subsistence lifestyle and practising the culture associated with it. To produce a similar response in a non-isolated, non-subsistence environment would be very difficult. The difference between participants' enthusiasm for their culture on the programme versus their enthusiasm at follow up is perhaps evidence of this. Furthermore, while involvement in Maori culture was part of the programme, access to cultural resources back home required a degree of effort and a need adhere to a new set of rules.

Follow up.

Seven of the ten participants suggested there was some kind of follow up to their Whakapakari experiences as a group, however, they were completely unsatisfied with the follow up. This may be partly due to the fact that they did not feel the counsellor or social worker could relate to their experiences on the programme. The participants who did get some kind of follow up stated:

> My counsellor asked me what Whakapakari did for me and I said nothing because it was a lot of things (Rewi).
>
> Oh yeah actually yeah but I just blabber on to social workers about nothing because they don't listen anyway ... Awe they listen but ah, they don't care (Clive).
>
> When I came back I just said it was good but I didn't like the supervisor (Johnny).
>
> Just asked how it was (Richard).

> Didn't talk much about it but was asked (Piripi).
>
> Only a newsletter (Andrew).
>
> [No follow up] apart from someone asking me if it would be good for someone else (Anna).

While most participants expressed negativity towards the youth justice system, I cannot make a valid link here between such negativity and the nature of the service they received. There is no doubt however, that the transition home is one of the most difficult aspects of the programme and one which neither the participants nor the social workers were well prepared for.

Target population.

The potpourri of participants is an underlying theme of Whakapakari; that is, bringing together the "misfits," who have not succeeded in the pakeha world, in a place where they may thrive. Participants suggested people somewhere in the age range of 11 through 20 could benefit from an experience of Whakapakari, with most participants stressing the earlier the better, as "they start getting heavy when they're too old" (Johnny). While participants generally do not believe ethnicity should be a determinant of who attends the programme, as a group they believed Maori participants would get the most out of it. Other suggestions included that the programme would work best for people who don't know how to respect others. A few participants suggested that people should come from the Auckland area but most thought people from anywhere should be able to attend the programme. In terms of programme duration three participants suggested the programme should be less than a month, three suggested one to two months and four suggested more than two months. Two participants suggested the time should vary for each participant depending on their situation and the nature of their offences, with the most extreme response being a suggestion that the programme be twelve months for serious crime only. It is worth remembering, as Anna suggests, "when you go away from your family for the first time, a month is a long time."

Healing themes.

Upon reading and re-reading the transcripts, what stood out most to me was the way each participant discussed the beneficial effect Whakapakari had on their relationships with others. All participants looked favourably upon Whakapakari as a time when relationships were good. Participants described the benefits derived from the experience of whaanau (extended family): helping, talking, listening, trusting, respecting and disciplined working.

Relationships as whaanau.

Whakapakari provided a fully functioning whaanau with stable and appropriate role models for participants to look up to and draw from. Whakapakari has helped some participants to re-kindle familial bonds with family members who do care. Participants talked about Whakapakari as a family. Indeed it is a tightly knit group in which each person's goals are geared towards survival and the entire group shares in the successes and failures. This is very different from what most participants experience at home, yet indicative of the joining together, the spirit of family, the caring and belonging that they would like to experience. For example, discussion of family came up in response to a number of different questions:

> How is the Whakapakari whaanau different from your whaanau at home? We join together in one group instead of being broken up (Anna).
>
> Describe Whakapakari? Like a family tree that goes on forever and ever (Johnny).
>
> What was it at Whakapakari that made the difference for you? The people there, it was like another family for a month.... The spirit of the whaanau (Clive).
>
> Did Whakapakari help you in any way? I communicate with people; I just think that they are all whaanau (Tawhai).

The concept of whaanau as experienced on Whakapakari is something that most participants still cherished at follow up. While relationships with fellow participants within "the whaanau" were generally appreciated, positive relations with programme co-ordinator, Hone daSilva, were remembered as a particularly enriching experience. There was talk of respect for Hone and he was what some participants remember most vividly about Whakapakari. For one participant (the youngest at age thirteen), it seemed his relationship with Hone was more important than with his peers. To some degree it is daSilva's presence which holds the whaanau together.

Further, unlike families/whaanau on the mainland, the Whakapakari whaanau is able to emotionally and physically contain participants. Instead of putting their energies into how they might get away, participants are encouraged to openly address the issues from which they are running in "korero toko-toko sessions." As Tawhai suggests, Whakapakari is better than Weymouth because "you get freedom, you are far away from the mainland and you can't get away." Tawhai has done much running away in the past and this statement is indicative of the success of the Whakapakari whaanau in emotionally and physically containing him. As Tawhai stated: "You think about what you've done, what you're gonna do when you get back and how you are going to get out of your troubles."

Relationships as helping.

It is apparent that daSilva facilitated a "culture of helping" on his programme. The culture of helping included talking, caring and supporting each other, all of which are encapsulated in the Maori term whakamanawa. While participants' recognised that it was OK to "help others out" on the programme, and revealed a repertoire of helping behaviours, few seemed to have continued to help others upon return. Perhaps this relates to the way participants said: "there's something special about that place," and also that in the environments from which they came, helping is not a particularly functional behaviour. Regardless, the experience of being able "to help" was appreciated. The talk of one participant points to the idea that getting the help one desires promotes giving help to others: "It is good to be able to talk about anything and to help each other. He (supervisor) helped me; he told me what it was like inside" (Rewi). "[Whakapakari] teaches you to help other people" (Richard).

While Andrew was the participant who offered the idea of helping others out on Barrier, he pointed to his statement regarding helping and said, "not the try and help others out," meaning he was no longer interested in helping out other people. The idea of helping others out was incongruent with many of his behaviours and perhaps indicative that helping behaviours were not functional in his social environment.

Clive came back to the issue of caring. When we were discussing whether there had been any follow up as a result of going on Whakapakari, he said: "Before I didn't care about anybody. I do now..." As Durie (1987) may suggest, Clive was looking for the manaakitanga (caring) he experienced on Whakapakari rather than the listening that therapists are trained to provide. While western counselling psychology typically places an emphasis on the individual coming to an understanding about himself and making decisions and changes as a result, Maori and other tribal cultures place much greater emphasis on the self as a part of a system. It is probable that Clive felt good about taking direction from his "elders" within the fully functioning Whakapakari whaanau. Although he may want such caring from a social worker, he would be unlikely to accept it from someone not integrated into his life.

Relationships as talking.

Participants appreciated being placed in an environment where talking was encouraged and safe. They found that Whakapakari both helped them to develop talking skills and gave them the confidence to talk. For example, Rewi had either not had the chance to talk or had not felt comfortable talking throughout his life. As he said about Whakapakari, "It is good to be able to talk about anything and to help each other." Possibly it was the Maori way daSilva went about "doing talking" that gave him the confidence to talk. Being representative of a "hands on" culture, the Whakapakari method incorporated movement (for example chopping wood, walking, fishing, or erecting a tent) with talking. For example, a dialogue I had with Rewi while chopping wood together went something like:

> Where are you from Rewi?
> Mangere.
> Oh yeah. What tribe?
> Ngati-Porou, we originally came from Kaikohe
> (After chopping some more)
> When did you come down to Mangere?
> When I was ten and my father left.
> Oh.
> (Chop some more)
> What whaanau do you have down in Mangere?
> My Mum, my brothers, I've got three brothers, they're in the mob. My sisters are at home. My uncle and auntie are in Mangere too.
> I see.
> After chopping some more,
> Shall we take this load back to camp now
> OK.
> (Trundle off, talking as you go...)

Rewi's notion of talking about anything and helping other people is perhaps indicative of the success of the Whakapakari method in overcoming the inhibitions and shyness that come hand-in-hand with talking about one's feelings to a stranger. Unlike a one-hour interview, Whakapakari involves an extended period of shared experience. Yet since returning Rewi said that back on the mainland, "there is no one to talk to...don't talk to anyone." While he enjoyed the talking aspect of Whakapakari and made some positive steps in talking behaviour while on the programme, such developments did not continue once he returned to the mainland.

Tawhai has a similar story with regard to talking. While he said: "It settled me down. Changed my attitude; didn't like people. If I had the same attitude now, I wouldn't be talking to you: I would have just walked straight past you. I communicate with people. I just think they are all whaanau. Gave me heaps of kaha (strength) inside eh" (Tawhai). It is apparent that Tawhai's "attitude" was still a problem in familial interaction. For example, Tawhai would phone home and hang up if Mum or Dad answered. He would only speak to his sister. Tawhai highlights "attitude" as a barrier or catalyst to talking, and attitude according to Tawhai's behaviour is dependent on context.

The interpersonal nature of Whakapakari did seem to effect the acquisition of talking skills while on the programme; it makes sense that practice at expressing oneself in a safe environment will increase expressive ability and willingness to express. At the very least, Whakapakari was a catalyst, which sparked maturity in two participants. Andrew said: "I'm definitely able to talk with others better now, " while Clive suggested that Whakapakari "helped me communicating with other people. Before I didn't really do anything with others, stuck to myself." While the skills may be there, it is more tenuous to suggest that the behaviour has generalised to home environments.

Relationships as discipline and work structure.

The routine at Whakapakari was not easy: early rising, fitness training, hard mahi (work), cultural practice, and little spare time provided a complete change from lifestyles in institutions and homes. Participants were pushed to succeed by firm yet fair leaders and most adapted quickly to the highly structured and disciplined lifestyle. daSilva talked about "getting high on work instead of drugs" and it is evident that many participants did get a "buzz" out of the productivity and self-discipline they experienced.

Andrew found the strictness "helped keep me in line, didn't need it but it didn't do me any harm." Andrew experienced similar "strictness" after Whakapakari when he worked on a farm for thirteen months. Getting up early and going to bed tired after a hard day's work on the farm requires a habit of self-discipline. Whakapakari was the first place that Andrew experienced and lived with such a habit.

Rewi enjoyed working hard in a disciplined and productive environment and he especially liked the way that work was situated in a Maori context. The idea of working for himself and his whaanau fitted in well with his ideas about life. Back on the mainland, he struggled to find the discipline and disciplinarians who could help him to find work and stay out of trouble. "Whakapakari kept me out of these places (Secure Unit)...Keeps you out of trouble...You had to light a fire for your food: you had to do it all yourself. Not like a prison. Prison is easy, easier than Whakapakari"(Rewi).

Clive said he knew how to work but never had to work until he went on Whakapakari which "made me work." While on the programme he said that he had to be told to work but now he did not have to be told. Whakapakari seems to have motivated him to continue with his own version of a work structure: afterwards he was busy doing a Maori ambassadors course, carving courses and working as a part time painter and carpenter. When I interviewed Clive towards the end of the programme, he said: "You got to do work here, yeah hard out work." At follow up he stated: "At the time I hated it but I don't really mind it now."

Relationships as listening.

Whakapakari co-ordinators and supervisors made time for participants and were prepared to listen. In turn participants were in an environment where they wanted to be listened to. Importantly, while health professionals may have well versed listening skills, Clive suggested that he did not want to be listened to by social workers; listening for him was secondary to caring, and caring is not what health professionals are taught to do. "I just blabber on to social workers about nothing because they don't listen anyway. Awe they listen but ah, they don't care. I never saw a social worker or listened to one...Over there you had time to listen" (Clive). Tama agreed: "At least the supervisors listen and do something for you...You can talk to the supervisors on the barrier"

Participants indicated that being listened to fostered a respect to listen to others and be guided. The combination of the respect people gave participants as people rather than problems, and the space they had over there (both in terms of physical surroundings and time) created a special experience; one that the social workers and family members that they described would have difficulty emulating.

Relationships as trust.

The culture of trust that three participants talked about was different from what they had experienced on the mainland. Two participants associated trust with feeling safe to talk and another simply suggested that he "learnt to trust people a bit more" (Tawhai). The idea of being unable to trust people seems to transcend peer and home environments:

"It's much harder in the city life. In the city you can only trust yourself but there you can walk up to someone and talk to them. It wasn't every man for himself over there" (Rob).

"I trust nearly everyone (here). I wouldn't feel comfortable at home talking. Usually talk in tent at night" (Andrew).

Before participants could develop the connectedness and belonging they say they enjoyed so much on the programme they needed to start trusting others. Yet why should they trust those who have hurt them before? And why should those they have hurt trust them? These wounds were not well healed, nor forgiveness sought (with the exception of one participant whose mother came to the island) before returning home. While the "here and now" nature of the programme functioned well to leave past troubles behind, participants generally returned to relationships where trust was tainted by past experiences.

Relationships as respect.

Losing the respect of one's family/whaanau is difficult to cope with. The chance at a fresh start was inspiring for some participants. One participant resolved that he would respect people who respected him, while another developed respect for helpful and friendly adults in her life. The respect for others that Whakapakari participants practice while on the programme has at least provided a model which participants may or may not choose to follow upon return: "[It helped me in] respecting others that respect me" (Clive). "I didn't really respect parents, teachers, police... That has totally changed. I've got respect for my parents. This has changed quite a lot. Police Youth Aid officer in town, Jim, he was really neat; I like him. He talked to ya not like other police officers" (Anna).

Discussion

The relationship-centred benefits of this wilderness therapy seem central to life itself; yet merely providing such life skills and attributes has not consistently effected their adoption upon return. Time in the wilderness in a special and spiritual place brought out the best in a group of people who were typically dismissed as remorseless, careless, unhelpful and generally unreformable. Reflecting back, participants recalled the good times of Whakapakari, both in terms of being "good" themselves (such as communicating with others, working, learning, and listening) and receiving "good" in return (such as being respected, having a family atmosphere, enjoying the activities). As Rewi put it: "It's good to be able to talk about anything and help each other." The problem has not been in uncovering this repertoire of pro-social behaviour but in maintaining and applying it to life at home. For example, Tawhai showed he was able to communicate with people yet did not use these skills to help mend his relationship with his parents, and as Richard said: "It would have been all right if I had been living over there for ever."

"Coming home" is a stressful experience for participants, families and programme co-ordinators. Should I go back to my old ways? Should I give my son or daughter another chance? Has the programme worked? While the programme may have facilitated personal, physical and cultural development in the wilderness, the continued application of such development at home is typically understood by referring agencies as the "desired outcome." While I can understand this expectation, participant experiences of return are so varied that such a measure is clouded beyond control. I am drawn towards participant-centred ideas of constructing success. On an individual level participant development on the programme is an appropriate measure of potential for success. A visit towards the end of the programme by the participant's parents and/or caseworker would allow the participant to illustrate personal development and the caregiver to know what to expect and plan for.

The most clouded variable of post-programme success seems to be support. As further research in this study has documented, personal motivation to change one's lifestyle did not work. Participants, who made a transition away from crime, drug and fighting behaviours received the support of whaanau/family; social welfare agencies and additional community centred courses in order to do so. The omission of such support for some participants characterised a disappointing homecoming. Resources to increase post-programme communication and co-ordination with other programmes would substantially increase the effectiveness of Whakapakari as a wilderness therapy programme. Participants suggested that follow up from someone who can relate to their experience of the programme would be most useful. With respect to support for Maori, the privileging of cultural values and the experience of Maori spirituality was an uplifting experience for participants, prompting five out of seven to become more involved in their culture upon return. It is important that such enthusiasm is nurtured and participants connected with appropriate services and organisations in order to optimise the outcomes of such potential.

The problematic interface between programme and home highlights the lack of indigenous health services in New Zealand and the difficulty in combining Maori and Western approaches to mental health. Indeed the "difficulty" may more accurately be conceptualised as stubbornness or institutional ethnocentrism that privileges the knowledge of western psychologists, psychiatrists and social workers over indigenous bodies of knowledge. While separate healthcare may not be ideal either, it is apparent that culture cannot be ignored. If New Zealand is to become bi-cultural, then it is crucial that Pakeha begin to accept and value Maori knowledge and financially empower and support Maori to theorise, create and run their own mental health services. For example, while Davis-Berman and Berman (1993) define the "therapy" component of wilderness therapy as something tailored toward the individual, such a focus may be inappropriate for Maori and other tribal peoples. In the case of Maori the whaanau (extended family) may be a more appropriate level for intervention.

Participant talk serves to validate and add to academic understanding regarding wilderness therapy. In the area of interpersonal skills, Sachs & Miller (1992) discuss an increase in co-operative skills immediately following a wilderness therapy programme, and Berman & Anton (1988) illustrate that withdrawn or impulsively angry participants profited "most measurably" (p. 51) from wilderness trips. Relationships with others were an important part of Whakapakari for all participants. The direct experiential nature of life in the wilderness requires effective forms of interaction to evolve, and notably, the outdoors is a place where feedback is immediately apparent (e.g., getting lost).

Arguably daSilva's use of the Maori concept of whaanau (extended family) enabled participants to move further than just co-operating or positively interacting to actualising a "culture of helping." It is unlikely that a western approach to living in the wilderness could synthesise the whaanau like nature of Whakapakari. There are no rope courses, white-water rafts, or fancy team building exercises: Whakapakari is about a traditional (Maori) tribal method of living that has endured nine centuries. Every activity they do together promotes the health and survival of whaanau, the importance of which should be paramount in both tribal and western cultures. Half of the participants seem to have carried the talking, listening and "helping others out" home.

It is apparent that daSilva's disciplined and highly structured working environment, while disliked at times, was a very positive component of the programme. At least two participants who complained about the hard work used the motivation and work structure established at Whakapakari as a stepping stone to work or education back on the mainland. Participants suggested it was the combination of being made to work and getting the "buzz" out of productivity that was successful. Again the "real life" nature of Whakapakari seems greater than western efforts to manufacture motivation, hard work and team building through activities of little relevance to home. Conceptualising Whakapakari (or any programme that removes individuals from their home setting) as a stepping stone may be useful because it implies that another stone will need to be ready for when the young person returns.

Lastly, success is a word not often associated with this participant population. While degree of recidivism most accurately measures programme success in eliminating community "trouble makers," this was not the success that participants talk or care about. The participants of this study tell us relationship centred developments, such as the experience of whaanau, helping, talking, listening, trusting, respecting and disciplined working, were equally important as a stepping stone to more healthy living. We would be wise to listen.

Practical Recommendations

Evaluation.

Consider measurement as intervention. For example a follow up study is an intervention and can be therapeutic. Ask open and closed question to obtain different but equally useful information. "Did you get this?" questions will enable programme co-ordinators to obtain the kind of data they need for funding purposes. "What did you get?" questions open up the possibilities for learning from participant experience and improving the quality of service the programme offers.

Integration.

Integrate life at home with life on the programme. Participants suggest that a visit from a caregiver and/or social worker during the programme could help with the very difficult transition back to home environments. Planning for the participants' return is crucial.

Follow up.

The benefits of follow up can be maximised if the interviewer can relate to the participant's experience of the programme. For example, the interviewer can share in reflecting back on experiences and can redirect current behaviours based upon programme based learning.

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Note: Translation of Maori terms.

Whaanau is defined by Durie (1994) as "more than an extended family network...a diffuse unit, based on a common whakapapa, descent from a shared ancestor, and within which certain responsibilities and obligations are maintained" (p. 1). Alternatively the word "whaanau" has come to also refer to a cohesive group that takes on the model of a whaanau such as a support group at a job interview, church congregations, or in the case of Whakapakari a group of people who have to co-exist in a survival situation.

Kaha means emotional or physical strength. Haka is the traditional Maori war chant with actions. Kapahaka is haka training.

Note there is no "s" in the written Maori language. Consequently, English translations of plural meanings are sometimes difficult to distinguish from singular meanings. This is the case with the use of "haka," that is "doing haka" refers to more than one haka. Similarly to talk about "Maori" generally refers to the ethnic group of Maori as opposed to a Maori person.

Korero is the verb "to speak" and toko-toko is a ceremonial stick that

gives one confidence while speaking. During korero toko-toko sessions the stick was passed around the group to each speaker.

While western approaches to wilderness therapy may synthesise the stress of the urban environment, daSilva's approach teaches young urban Maori how to live in a rural setting. Notably though, urban Maori and Pakeha participants used the skills they learned to work and live on farms.

30

The Wilderness Intervention Program: Change through Mentoring

By Laurie Haynes & Stephen Gallagher

There is nothing new about wilderness programs. Schools have used the ideas of John Dewey and Kurt Hahn in their experiential programs (Berman & Davis-Berman, 1995; Warner, 1990) for many years. Since the 1960s when Outward Bound programs in the United States increased in popularity, interest in the therapeutic use of the wilderness environment has increased substantially (Davis-Berman, Berman, & Capone, 1994). Ewert (1987) has neatly categorised therapeutic outdoor programs under social benefits, benefits to the individual, and wilderness experience programs. The Churches Commission on Education Wilderness Intervention Programs (WIP) aim to develop lasting personal change in the lives of high school students and provide benefits to the individual through increased self-concept, more internal locus of control, and reduced depressive tendencies. The social benefits from the WIP include decreased "acting out" behaviour in class, improved relationships with peers and teachers, and improved family relationships. Spin-offs include a unique experience, mastery of certain outdoor skills, and increased motivation and satisfaction.

Most of the empirical research in the field of therapeutic wilderness programs is in the areas of social benefits and benefits to the individual. This paper presents a description of the WIP program and an evaluative research project utilising an experimental design. In a review of wilderness programs focusing on mental illness, Kelley (1993) suggests that therapeutic wilderness treatment is innovative and potentially powerful as an adjunct to psychotherapy. When designing programs for clients with psychological difficulties it appears that a combination of wilderness experience and other treatments is potentially most beneficial. It makes sense that wilderness programs providing significant follow-up and a systemic approach facilitate lasting personal change in their participants. The WIP endeavour to provide this in the school context.

History and Evolution

In 1993 the first WIP was designed and implemented at Safety Bay Senior High School, in the state of Western Australia. Six 14-year-old boys were selected for their serious behavioural problems and their likelihood of early school dropout. The students completed a five-day bushwalking expedition in the Leeuwin-Naturaliste National Park in the southwest of the state with the school chaplain and two teachers. This experience became the catalyst for a mentoring relationship between the staff and the students, with each member of staff mentoring two students. The school hoped to see some positive changes in the behaviour and attitudes of these six boys.

In 1994 Safety Bay Senior High School funded a similar program. Again, students were selected for their serious behaviour problems. This was done through referrals from teachers and the student services team. Five boys and three girls participated in the bushwalking expedition used the previous year. The expedition planning and program aims and objectives are reported elsewhere (see Haynes, 1994). A greater effort was made to define the mentoring relationships between the staff and students after the expedition. Teachers noticed some behavioural changes; however, these changes were not quantified.

In 1995 funding was obtained through the Student-At-Risk Program of the Education Department to implement the WIP program at Rockingham Senior High School. Training workshops in the use of nondirect intervention techniques were provided by South Coast Wilderness Enhanced Programs (Handley, 1990, 1993) for the chaplain and two teachers. Five boys and three girls aged fourteen years were selected for an eight-day bushwalking expedition in the Murchison River National Park in the midwest of the state. The students selection was based on teacher behaviour reports (or green slips) and the time spent in the withdrawal room at school. The wilderness experience and follow-up mentoring program aimed to reduce the number of green slips and withdrawals. The teachers' work load and yearlong industrial bans on extracurricular activities hindered the mentoring relationships and the results were disappointing.

Later in 1995, a combined school chaplains' approach to the WIP program was piloted. It was anticipated that chaplains with their more flexible job description in the school would be able to participate in a longer wilderness experience. This would reduce pressure on school resources. Chaplains would also be able to participate more actively than teachers would in the follow-up mentoring. Rockingham, Como, and Carine Senior High Schools sent two students each. The participants and the three chaplains completed a ten-day expedition in the Stirling Ranges National Park, near Albany. The nondirect intervention model was adopted because the students were selected on the basis of their behavioural problems. Applying the model became difficult as the environment, although spectacular and rugged, did not lend itself to a true wilderness experience. These difficulties left an impact on the follow-up mentoring with some students uncommitted to a mentoring relationship.

For the WIP program to continue as a useful tool for school chaplains it was decided that the focus needed to be placed on the mentoring relationship. One of the selection criteria for students needed to be a potential to respond to such a relationship. Chaplains could do what they do best — pastoral care — and they could adopt a wilderness model that was compatible with follow-up mentoring. Thirteen and fourteen year-old students would benefit mostly from the potential long-term mentoring. Various populations of students were anticipated including students with poor self-concept, students at risk for depression, special education students, low achieving students, students with truancy issues, and students with behavioural problems.

In 1996 a second pilot program, taking into account the factors described, was implemented. Twelve boys aged 13 years were referred by teachers and student services staff from Como and Carine Senior High Schools because of their perceived poor self-concept. The students, the two school chaplains, and a volunteer designed and implemented a ten-day program in the Walpole-Nornalup National Park. The program involved six days of bushwalking, one day of abseiling, and three days of canoeing. A nonstandardised self-concept indicator (Haynes, 1994) developed for the WIP program was used to record baseline and follow-up data. Although statistical results were mixed, a greater rapport and relationship was developed between students and chaplains and the mentoring process began successfully.

In 1997 a significant amount of state funding has enabled the development of the WIP program in twelve government high schools. The wilderness experiences will involve combining two or three schools. Programs will be tailored to the needs of the students and schools. Group mentorship will be used in some schools prior to the wilderness experience and one-to-one mentorship will follow. School psychologists have the opportunity to measure social, emotional, or behaviour changes using standardised parametric tests.

The WIP Model

As a result of the history and evolution of the WIP, a combination of approaches have been adopted based on cognitive-behavioural models of psychology (Haynes, 1996) and pastoral care approaches to relationship building and mentoring.

Adventure based counselling (Schoel, Prouty, & Radcliffe, 1988) and nondirect intervention (Handley, 1990, 1993) are the two main approaches used in the wilderness component of the programs. Adventure based counselling has its roots in social learning theory (Bandura, 1977), and nondirect intervention in cognitive dissonance theory (Festinger, 1957). These approaches are used according to the goals and objectives of each particular program.

Social learning theory asserts that behaviour is learned through role modelling and reinforcement. Features of adventure based counselling include role modelling and positive reinforcement, experiential learning, structured problem solving, "peak" experiences, use of metaphor, and transfer of learning. A greater weighting is put on this model when used with students who have a poor self-concept or who are at risk of depression.

Cognitive dissonance theory is based on the premise that people seek to harmonise their behaviour and in a situation of intellectual conflict will change their behaviour to reduce the tension. Features of nondirect intervention include tension and conflict, personal responsibility, consequential learning, self-understanding, wilderness as therapist, and questions instead of answers. A greater weighting is put on this model when used with students with severe behavioural problems.

The wilderness provides a sense of achievement and an experience remembered for life. The experience is used as a catalyst in an ongoing mentoring relationship between the student and chaplain. Life metaphors of journeying through difficult times, confronting and dealing with challenges, and seeking help and support from peers along the way are reinforced in the follow-up mentoring. A wilderness journal written by the chaplains provides a narrative of the daily events and becomes a useful tool for reflecting on particular behaviours and processes in the mentoring phase.

The one-to-one mentoring relationship involves: (a) developing a relationship where short and long-term goals are explored; (b) monitoring self-esteem and behaviour through contact with parents, teachers, and student services staff and pastoral care staff; (c) helping students take concrete steps towards problem solving and crisis resolution and, if necessary, referral to a school psychologist, crisis support agencies or both; (d) facilitating relationship building with peers, parents, and teachers; (e) exploring networks of community resources such as recreational, sporting, and hobby clubs, services and agencies for young people, holiday programs and camps, and personal development programs; (f) maintaining a solution-focused approach to issues and concerns; and (g) collecting evaluations and report writing. The mentoring stage of the program is regarded as the most crucial in facilitating long-term personal change.

Chaplaincy: A Systemic Approach

The Churches Commission on Education is an interdenominational body, which provides a Christian presence in secondary schools by coordinating the Chaplaincy Program. The Churches Commission on Education is committed to developing holistic programs for student well being in the government school system.

School chaplains have been involved in pastoral care in Western Australian schools since 1982 (Berlach & Thornber, 1993). Currently there are over 65 chaplains in state schools, with one quarter of these in full-time positions. As well as providing a formal Christian presence in the school community, chaplains participate in a wide range of school activities including pastoral care and counselling. Chaplains are usually qualified in theology, education, counselling, or youth work and often work on programs for students with social, emotional, and behavioural difficulties. Many chaplains consider mentoring a strategic tool for journeying with a small group of students, their families, and their teachers through unpredictable terrain.

The essence of chaplaincy is relational. The purpose of the chaplain in the school system is to express a relationship with God, the church community, the wider community, school staff and administration, parents and caregivers, and with students. Developing interdependence is one of the major themes.

Chaplains are not driven by programs. In their work, they are free to utilise programs that aim to enhance relationships at all levels of the system. The WIP is a program in which relationship building through mentoring is considered central. This is reflected in the motto, *change through mentoring*. Staff in pastoral care and student services often battle on without the support of holistic programs such as this one.

The disturbing picture of an adolescent struggling with social, emotional, or behavioural difficulties is further frustrated by a sense of staff hopelessness because of limited available resources. Staff in pastoral care and in student services often feel like they are trying to "probe a black hole" when working with a student. This feeling is accentuated when there is little opportunity for reference to family or community influences. The prevailing dynamic is often reactive. Regardless of the wisdom, which points to engaging in dialogue with other players in the system, constraints on resources often leave staff in a reactive mentality rather than a preventative one. Chaplains fill this void and allow for a shift in perspective to a preventative model where there is time to engage parents, extended family members, and significant others.

The role of the school chaplain can be crucial in working with the dynamics of a complex system like the school, family, or community. Through their interaction with the system the chaplain's presence can influence personal change their flexibility and availability allow for the creation of changes in the equilibrium. The shifts in power, realignments of perception, and generation of energy can alter the homeostasis of a system in a way that allows for an interdependence that is healing.

Healing in a mentoring program is characterised by the return to primary relationships, which naturally leads to the therapeutic treatment of the individual. Allowing for individuality and differences, and defining one's identity relationally within a system's context, largely accounts for such healing.

Current Research

An evaluative study is currently being undertaken for the WIP at Como and Kewdale Senior High Schools. The project investigates the effects of a ten-day WIP with six follow-up group sessions on the self-concepts and attributional and coping styles of 13-year-old girls in year eight at school.

The selection process for the WIP program involved all the year eight students completing two psychometric tests: the Children's Self-Concept Scale (CSCS) (Piers, 1984), and the Children's Attributional Style Questionnaire, (CASQ) (Seligman, Kaslow, Alloy, Peterson, Tanenbaum, & Abramson, 1984). A correlation allowed for twenty girls from each school with the lowest scores on both measures to be included in the initial selection. A nonstandardised teacher rating scale was used to make the final selection of twelve girls from each school. Based on their scores on the CSCS and the CASQ the girls were matched into experimental and control groups. A third parametric measure the Adolescent Coping Scale; (ACS) (Frydenberg & Lewis, 1993) was administered prior to the wilderness experience.

The twelve girls, two chaplains, and a volunteer staff member undertook a ten-day wilderness expedition in the Walpole region of the state's southwest. The expedition involved six days of bushwalking, one day of abseiling, and three days of canoeing. A combination of adventure based counselling and nondirect intervention was used. The first of the six group sessions will begin in mid 1997. The CSCS will be administered again after the wilderness experience to measure the effect of the wilderness experience on the girls' self-concept.

The aim of the group-mentoring stage of this particular WIP is to develop coping skills through the use of optimism techniques (Seligman, 1995), and experiential groupwork. The latter includes trust building, cooperation, and problem solving activities (Rohnke, 1984, 1989; Rohnke & Butler, 1995). The CSCS, CASQ, and the ACS will be repeated after the six group sessions to evaluate the final effects of the program on self-concept, and attributional and coping styles.

It is hypothesised that self-concept scores will increase after the wilderness experience and be maintained throughout the group sessions. Attributional and coping styles are also expected to increase as a result of the program as a whole.

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Section IV

Working with Offenders and Sexual Perpetrators

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31

An Evaluation of the Outdoor Adventure Challenge Programme (OACP) At Rolleston Prison

By Elaine Mossman

Abstract

The Department of Corrections commissioned an outcome evaluation of an Outdoor Adventure Challenge Programme (OACP) on participating inmates. The core programme was of three weeks duration, and consisted of fitness training, skill development and challenge experiences (2 weeks) followed by a five-day wilderness expedition. Outcome was measured in three ways: reconviction statistics, content analysis of qualitative data, and a true experimental design involving various psychometric measures of attitudinal change.

Reconviction data indicated consistently positive though non-significant trends in favour of the OACP participants over the matched controls. The lack of statistical significance may be a function of low statistical power caused by relatively low sample sizes, as well as large variability in dependent measures. The qualitative inquiry revealed a variety of perceived positive impacts from participation. Results from psychometric evaluation showed significant improvement in group cohesion, trust, self-efficacy and well-being, and approached significance on motivation to change for the OACP group (n=12) whereas no significant improvements were found in the control group (n=10). The results provide some support for the use of OACP as a rehabilitative intervention with offenders, as well as contributing to the goal of secure and humane containment. The data also validate the use of OACP as an adjunct to other correctional programmes, helping to create the conditions for the effective facilitation of other correctional interventions.

Introduction

It is now generally accepted that the proportion of people who re-offend after being released from a sentence of imprisonment is unacceptably high: prison, in and of itself, does not appear to reduce the likelihood of re-offending. Consequently, there is currently widespread support for the provision of effective programmes and interventions for inmates designed to reduce the rate of recidivism and relieve the current pressure on the prison system. Many correctional programmes are classroom-based, (e.g. anger management, alcohol and substance abuse, driver offender programmes, and other basic adult education classes). However, the majority of offenders come from backgrounds in which they have experienced failure in classroom settings. Purely verbal interchanges appear to have a limited effect with this population. As an additional intervention to those routinely conducted with this population, outdoors adventure challenge programmes (OACPs) have, in recent years, gained a degree of acceptance. A number of studies have been conducted, both overseas and in New Zealand, which document reductions in recidivism as a result of participation in outdoor programmes. These have been with delinquents (Kelly & Baer, 1971; William & Chun, 1973; Minor & Elrod, 1990) and with probation clients (Bauer, 1982, Campbell, Easthope & Riley, 1982; Harris, et al, 1993; Kimball, 1979).

This paper is a report of a study designed to evaluate the capacity of one form of OACP to help in the reduction of recidivism with imprisoned offenders. Based on a comprehensive review of the literature, it appears that this is the first research project looking at effects of an outdoor programme on incarcerated adult offenders (as opposed to offenders on community-based sentences.

This paper provides a full description of the OACP run at Rolleston Prison, New Zealand, and briefly outlines the philosophical basis upon which the programme operates. Research methodology and results are then presented, derived from the recent multi-modal evaluation of the programmes outcomes. Considerably more data was collected than is reported here; full elaboration of all results is beyond the scope of this paper.

Description of Programme

The Outdoor Adventure Challenge Programme (OACP) at Rolleston Prison has been running in its present form since November 1993. A full-time tutor is employed by the prison to run up to ten programmes per year. The core programme for selected inmates consists of two weeks of fitness training, skill development and challenge experiences, followed by a five-day expedition (a total of 200 contact hours per programme). Activities typically covered in the first week include an introduction to the programme and outdoor equipment, bush craft and survival skills, day hikes, a caving expedition, traversing the prison's confidence course, rock climbing and abseiling. These activities are intended to provide successful challenge experiences, as well as to develop fitness and skills necessary for completion of the final week's expedition. They also permit the opportunity to develop group cohesion. The expedition itself is a more intensive and protracted experience, spanning four nights and five days. The expedition utilises skills learned during the training period, but presents its own set of unique challenges. Participants are expected to tramp for extended periods, traverse mountainous terrain, cross swiftly-flowing rivers, all the while carrying with them their own food, shelter and all other equipment for self-sufficiency. Inmates completing the core programme, who were perceived as having responded particularly well, were offered Outward Bound scholarships.

The typical OACP involved eight inmates, a prison officer, and the tutor (numbers of inmates tended to be restricted by safety considerations and concerns for programme effectiveness). The custodial manager of the inmate's unit, who nominated individuals perceived as likely to benefit from this type of programme, made selection of participants. There may however also have been a tendency for inmates to be selected on the basis of "deserving" to go, because of compliant behaviour in the prison. Participants had to be physically able and not classified as a security risk. Nominated inmates seldom turned down the invitation to participate in a programme, and very few dropped out after starting.

Participants were serving sentences for a wide range of offences, including driving offences, theft, fraud, drug dealing, assault, sex offences (both rape and child molestation) and murder. Programmes were run with both male and female participants (although never mixed parties). Ages of participants ranged from 17 to 56 years.

Philosophy of the Programme

The Rolleston Prison OACP sought to deliver a developmental/therapeutic programme as defined in the latter two stages of Priest & Gass's (1993) model of adventure education, as opposed to a simple recreation or educational experience. Primary goals were, in the longer term, to reduce the likelihood of re-offending, as well as to contribute to safe and humane containment. It was expected that the experiences to which participants were exposed would address the following criminogenic needs: motivation to change existing criminal attitudes and behaviour patterns, preferences for pro-social behaviour, improved interpersonal skills, and enhanced self-efficacy and problem solving skills. It was expected also that the goal of reduced re-offending would come about indirectly through increased receptivity to other correctional interventions.

The programme relied on various mechanisms to achieve these goals: firstly, there was the belief that challenging wilderness experiences are intrinsically beneficial (the philosophy of 'letting the mountains speak for themselves'). Further, the necessity for participants to cooperate and interact around group goals was expected to create positive effects in terms of interpersonal competence. Finally, the mid and post-event processing and debriefing of specific events assisted learning (and, hopefully, transfer to outside life) of new pro-social concepts, perspectives, and values.

In many ways, the OACP might be best viewed as a metaphor or parallel to life in the community. The necessary pro-social attitudes and behaviours required for successful participation in the programme would hopefully generalise to participants' lives after release. In this way it would help these individuals more successfully to re-integrate into society and thereby reduce the likelihood of re-offending.

Research Process

In the current economic climate, justifying the expenditure made on rehabilitative programmes is increasingly important. Evaluations need to demonstrate the extent to which programmes succeed in reducing reoffending and improve offender adjustment. Reviews of the literature in areas of offender rehabilitation, outdoor education and adventure therapy revealed a lack of published research on the effects of outdoor programmes on incarcerated adults. Those studies that have been published were limited to juvenile delinquents or youth at risk, or adults on community-based sentences. Further, many of the studies looking at the effects of outdoor programmes on delinquent populations failed to explain how achieving the evaluated outcomes are related to a reduction in recidivism. For example, studies using measures of self-esteem regularly fell into this trap.

Rolleston Prison's mission statement provided the main framework for relevant programme outcomes to be assessed. This statement reads: "the mission of Rolleston Prison is to provide secure, safe, fair and humane management of inmates by meeting their needs with the provision of services and programmes to reduce the likelihood of re-offending. Therefore, it was decided the evaluation should be based on three main outcomes: 1) the reduction in the likelihood of reoffending; 2) increasing the effectiveness of other correctional programmes; and 3) helping to provide secure, safe, fair and humane containment.

A multi-modal research design was adopted to evaluate these outcomes, utilising three contrasting methodologies. These methodologies and results are presented below. A discussion of the results follows, addressing the three outcomes outlined above.

Methodology & Results

Study I: Rates of recidivism.

Study I compared the rates of recidivism of past OACP participants with matched controls. From a population of 167 participants, 84 subjects were selected on the basis of having been released for a period of greater than 6 months after completing the core programme. A matched control group was selected from approximately 1500 inmates released from the prison over the previous three years. Subjects and controls were matched on time at large as well as gender, age, ethnicity, and probability of reconviction (using an actuarial model developed by Corrections staff; Bakker, Riley & O'Malley, 1995).

It is generally accepted that multiple measures of recidivism be considered in evaluating the effectiveness of correctional programmes. Several measures of recidivism were therefore used. These include number of reconvictions, number of reincarcerations, seriousness of offences, time before first offence, and rate of reconviction. This information was derived from criminal history sheets obtained from a national Corrections Department computer database.

It has to be acknowledged that both the comparison group members and the OACP participants may have, at times in their individual sentences, participated in other forms of rehabilitative programmes. Consequently, comparisons of the data for the two groups compares the unique contribution of the OACP in reducing recidivism to the effect of a "typical sentence" at Rolleston Prison (which includes participation on standard courses). It was not possible to obtain genuinely "no treatment" controls.

Results of study I.

Results are presented for several groups of subjects: OACP participants (both males and females, n=84); a group who either withdrew prematurely from the programme or who refused to participate (n=12); and comparison subjects (n=84). Where available, statistics derived from a national database for offenders are also presented. The proportion for each group reconvicted and reincarcerated is presented in Table 1.

Table 1
Percentage for each group of Reconviction and Reincarceration

Group	Reconviction	Reincarceration
OACP	46.4%	14.3%
Comparison	50%	20.2%
Withdrawn	66.6%	41.7%
National Average	53%	61.3%

Data in both areas follow a similar pattern: OACP groups had the lowest reconviction/reincarceration rates, followed by the comparison group, both of which were lower than national averages. The withdrawal group had the highest proportion of reconviction, even higher than the national average. This perhaps suggests that individuals who withdrew from the programme tended to be a particularly difficult type of inmate compared to all other groups. Indeed, comparison of probability of reconviction found this group to be particularly high risk (0.95, i.e. 95% chance of reconviction over 5 years, compared to the group average of 0.84).

When male and female data were analysed separately, it was found the females who participated on the OACP did comparatively better than the males. This was especially evident in reconviction rates. Only 29.9% of the OACP females were reconvicted while 61.2% of the OACP males were. In the comparison group, the reverse was true: 88.2% of females were reconvicted compared to 55.2% of the males, a statistically significant finding ($t=12.14$, $p<0.01$).

Other measures used included seriousness of offences (based on number of days imprisonment handed down by judges over one year's sentencing for the range of crimes on the statute books), time elapsed until first offence (days), and rate of reconvictions (number of reconvictions divided by time at large). A comparison of these measures across the two groups appears in Table 2:

Table 2
Measures of Recidivism of OACP Participants Compared to Matched Comparison Group.

Variable		Mean (sd)	n	T	p
Seriousness of reconvictions	OACP	30.2 (38.4)	46	.82	0.4
	Comparison	43.5 (104.4)	52		
Most serious reconviction	OACP	77.0 (152.6)	46	.63	0.52
	Comparison	100.7 (209.7)	52		
Time to first reconviction	OACP	217.5 (195.3)	46	.99	0.33
	Comparison	182.7 (146.6)	52		
Rate of reconvictions	OACP	0.011 (0.02)	46	1.41	0.16
	Comparison	0.025 (0.07)	52		

It can be seen that on average the OACP had lower indicators of recidivism on all four measures compared to the comparison group, although independent t-tests on the above results found no statistically significant differences. However, calculations to assess statistical power found that, for the above measures of recidivism with the large variability in data, to have an 80% chance of showing a statistically significant difference at the $p<0.05$ level, sample sizes of between 175 and 1571 were needed. Hence, the consistency in the trend of the OACP participants repeatedly having lower measures of recidivism is likely to have greater significance than that indicated statistically.

In summary, the OACP group had a lower number of reconvictions and reincarccerations, on average were convicted of less serious offences, had a lower rate of reconviction, and survived longer before being reconvicted. However, they were not found to be statistically significant, probably due to a lack of statistical power. Probably the most convincing result is the recurring trend in these results of the OACP group out performing the comparison group on all measured of recidivism assessed.

Study II: Qualitative inquiry.

Semi-structured interviews were carried out with various inmates selected by purposeful sampling ("information-rich cases"). Inmates were selected from one of three groups: participants who had not been released (n=6); participants who had been released but not reconvicted (n=6); and participants released and subsequently reconvicted (n=4). Interviews were also conducted with staff with some involvement with the programme or its participants, including custodial officers, tutors and managers. The purpose of the interviews was to assess the perceived value of the programme. Results were content-analysed to determine common themes, and to provide some pointers to hypothesis that could be tested in future. It was also hoped that the interviews might suggest possibilities for the development of theoretical explanations.

Results of study II.

Participants' perceptions were often consistent with observations made by prison staff. The amount of information collected was inevitably considerable, and beyond the scope of this paper to report fully. However, the general theme that emerged was that the programme was of value. It was felt that the programme directed inmates in a positive direction, taught many pro-social life skills, and helped them to not reoffend. Four of the 16 inmates interviewed were convinced their staying "straight" was the direct result of participating in the OACP. The programme also appeared to foster an improved attitude towards the correctional system. Inmates felt that they were able to develop better relationships with prison staff, and experienced improvements in relationships with inmates of other races. Several inmates commented how they preferred the experiential nature of the OACP, compared to other traditional classroom-based programmes.

Inmates reported that different components of the programme impacted particularly upon them. Some found the group dynamics especially important, others related more to the physical and emotional challenges, and others felt the instructor himself was the most significant factor.

The qualitative data supports the quantitative data above. All but one participant found the programme to have been personally valuable, and over half (9 out of 16) of the inmates reported the programme resulted in them either choosing a new way of life, or enhancing their motivation or confidence to "stay straight."

Some examples of participant statements are included here:

> "It can change your life, it really can" (jpnr25.2).

> When I look back now, I'm really glad I did that course, it's done a lot for me, its made me think a lot about what stupid things I've done in the past, young and stupid.... I actually got a job last year the first time in seven years.... I got a job, got (rugby) league, all those things I've been trying to look for in seven years, and that all happened because of the outdoor programme. (mknr14.2)

> It was time out, I thought this is neat, what am I doing there (prison).... I actually pondered how I felt out there... you know your thinking why, how dumb offending is, and what it costs. Losing my freedom, not being able to be out here...you really challenge your reasoning, and why you offend, you know why did you offend and lose this freedom? I think its particularly good for men who sexually offend against children … we lack self-confidence, particularly with adults and that is why we tend to seek company with children... So we actually get this confidence with each other, with adults, and expose these feelings and emotions. (pskm14.11)

Study III: True experimental design (pilot study).

The third study involved administration of a number of psychometric measures to participants and the comparison group. Measures included motivation to change criminal behaviour, measures of interpersonal trust, self-efficacy, group cohesion and well being. These were administered to a group of inmates immediately prior to and following participation on an OACP (n=12) and to a control group (n=14). Selection of inmates to each group was through random assignment.

The measures chosen were selected on the basis that they related to intermediate, short-term outcomes. These outcomes in turn were believed likely to increase the effectiveness of other subsequent group interventions or therapy. Pilot testing of several instruments revealed problems with subjects' reading ability, inability to make accurate self-assessments, tendency towards guessing 'right' answers rather than 'honest' answers, and responses that just didn't correspond to observed or reported behaviour. There were also problems finding instruments that assessed behaviour that was relevant to incarcerated adults in their present situation. Hence, final testing was carried out using an interview procedure, based on some previously developed test inventories, and some questions developed by the researcher to overcome some of the above problems. Insufficient piloting and validation meant these results could only be regarded as a pilot study.

Results of study III.

A Wilcoxon matched-pairs signed ranks test was used to compare the results of the psychometric assessments of the two groups and appear in Table 3. The OACP group showed significant improvements in all dependent measures except readiness to change, which approached significance. In comparison there was an absence of significant changes in the control group.

Table 3:
Pre-Post comparison of OACP and matched control group.

Variable			Mean (sd)	n	Z	p
Group Cohesion	OACP	Pre	3.92 (.60)	11	2.25	0.024*
		Post	4.15 (.38)			
Interpersonal Trust	OACP	Pre	1.67(2.10)	12	2.52	0.012*
		Post	3.46(2.02)			
	Control	Pre	3.40(1.84)	10	0.27	0.787
		Post	3.33(2.12)			
Self-efficacy	OACP	Pre	4.20(.50)	12	2.22	0.026*
		Post	4.49(.45)			
	Control	Pre	4.47(.42)	10	1.51	0.124
		Post	4.33(.46)			
Readiness to Change	OACP	Pre	2.93 (.93)	12	1.826	0.0680
		Post	3.17(.89)			
	Control	Pre	2.72(1.09)	9	0.000	1.000
		Post	2.72 (1.09)			

Note. *$p<0.05$

The effect of the OACP on group cohesion was assessed by administering a modified version of the 'Team Development Inventory' (TDI; Bronson, 1991) at the beginning and end of the programme. As the control group was interviewed on an individual basis and was not functioning as a group it was not possible to compare results on this dependent variable to on a non-participatory control. Therefore, pre-test levels of only the OACP group were compared to post-test levels. When items were examined individually two measures of group cohesion showed the greatest gains. The group's ability to be friendly and interested in each other (p=0.018), and that group members were aware of and faced up to conflict (p=0.043), both are especially relevant aspects of interpersonal interaction with this population.

Both groups (the control and OACP groups) rated on a 10-point Likert scale, "How much do you trust other inmates around this place?" The question was not targeted towards group members but inmates in general so as to be relevant to both the control group as well as OACP participants. It should be noted that trust was still low for all inmates, and although there was a significant increase in the OACP group, this was only to a level just above that of the control group. The low level of the OACP group trust at pre-test could possibly reflect their apprehension over facing programme participation with a group of strangers. It would have been interesting to have asked the experimental group how they felt levels of trust changed specifically within their group. The results should be viewed with caution; this was only a pilot test of the trust measure, which had not previously been tested for validity or reliability.

One of the commonly reported outcomes of an outdoor programme, which was supported with significant improvements in the above results, is an enhanced self-confidence. Thus self-confidence was apparently brought about by successful completion of many of the physically and mentally demanding challenges presented. Abseiling down cliffs, crossing mountainous terrain, successfully crossing major rivers, effectively using the support of the group, and simply completing a lengthy expedition had evident effects upon participants. Self-efficacy was measured using eight statements relating to prison life (e.g., "How confident are you that you would finish a programme once you started") which subjects rated on a 5-point Likert scale. The researcher developed this measure after existing instruments proved unsuitable for this population. It should, however, be stressed again that these results are pilot results only, as the questions have not been tested for validity or reliability. However, the results are strongly supported by qualitative comments made in the interviews.

The final dependent measure was inmates' motivation to change a critical dimension of offender rehabilitation. The improvement in inmate motivation to change would be an enormously valuable outcome of participation on an OACP. Motivation to change was assessed through a combination of modified instruments drawn from the Transtheoretical Model of Change (Prochaska & DiClemente, 1983) and adapted by Lerner (1990) for adolescent delinquents. Instruments measuring an inmate's self-reported stage of change, their decisional balance and their level of self-efficacy to not re-offend were implemented in an interview fashion, and results were collated together to appraise the inmate's supposed stage of change towards giving up criminal behaviour. Results showed the OACP group after participation on the programme on average improved their stage of change to a level that approached significance (p=0.068), compared to no change at all in the control group. These results were supported by positive but non-significant trends in measures of self-efficacy to change and decision balance, compared to no change or opposite trends for the controls.

Discussion

Results from the three studies are discussed across the three evaluation criteria outlined earlier.

Reduction in the likelihood of re-offending.

The present study has provided further support for the notion that offenders who participate in an OACP recidivate at a lower rate and less seriously than those who do not. The participants in this study also remained in the community for longer periods without being reconvicted than non-participants. Though the difference in recidivism between treatment and control groups was not statistically significant, it appears this may have been a function of large variability in the data coupled with a small sample size. The size of effect may indeed also have been more pronounced had it been possible to use a true no-treatment control group. However, consistent trends in favour of the OACP group can not be ignored.

The reduction in recidivism may be explained by the fact that the programme appears to have made an impact on a number of criminogenic needs. Qualitative enquiry showed a number of personal attitudes that have been empirically linked to risk of re-offending were reduced or improved. Participants exhibited enhanced pro-social attitudes. They expressed a better attitude towards the correctional system, were less racist, had more empathy for other individuals, and in many ways a broadened and more positive perspective on life generally. Behaviours and characteristics also linked to reduced risk, and apparent in participants after completing the programme, included improved self-control, less impulsivity, enhanced interpersonal skills, stronger feelings of self-efficacy and increased confidence in achieving personal goals.

The aimless and unproductive use of leisure time has been linked with risk of reoffending. Participants also expressed interest in participating in new leisure activities on release, including the desire to go back out into wilderness areas.

The qualitative interviews repeatedly revealed in participants an apparently heartfelt determination to re-direct their life course away from offending. Although these kinds of declarations should always be taken with caution, it is nevertheless important that many of these individuals saw the OACP as having made a definitive impact on them in this regard.

Aiding in the facilitation of other correctional programmes.

Outdoor programmes involve inmates working together, achieving challenging group and individual goals, in a novel and neutral outdoor environment. It is commonly accepted that these conditions can have a powerful impact on individuals' self-confidence, interpersonal skills, and ability to relate to and trust others. The second goal of the OACP was that participation might improve such characteristics that would likely result in an increased willingness and ability of the participants to engage in other correctional programmes, thereby enhancing the effectiveness of these. Though no direct evidence of this was sought, it appears that the OACP did encourage in the participant's attitudes and values that would predict successful involvement in other programmes. These characteristics included significant improvements in group cohesion, levels of interpersonal trust, self-efficacy, and a heightened motivation to change.

The qualitative data appears to suggest that increased motivation toward giving up criminal behaviours is a result of several factors. These factors include being introduced to a different and unfamiliar way of life, having time out to think about what they wanted to do with their lives away from day to day distractions, and simply highlighting what was being given up through offending and being imprisoned.

Hence, developing a motivated, confident, functional group willing to learn, and sufficiently trusting to disclose relevant personal information, may significantly increase achievement of programme objectives in classroom-based interventions. Interestingly, a number of participants reported that the OACP gave them an opportunity to practice the life-skill concepts they had been learning in classroom programmes

Demonstrating improvements in these short-term intermediary variables and linking such improvements to reducing re-offending through improved effectiveness of other correctional programmes, is an important consideration for the use of outdoor programmes. It has to be acknowledged that research findings indicate that the longevity of beneficial effects from outdoor programmes have still to be firmly established (Fyfe, 1990; McLaren, 1992; Bauer, 1982; Baer, 1975). However, demonstrating that the OACP improves, even in the short-term, conditions for learning within the context of other programmes is an important effect, enabling individuals who are otherwise resistant to standard rehabilitative programmes to actively engage in these, and profit from them. Therefore that these effects (group cohesion, trust, etc) may survive in the short-term only is unimportant if, in the short-term, the person is thereby assisted in other programmes.

Secure, safe, fair and humane containment.

One component of Rolleston Prison's mission statement is safe, secure, fair and humane containment of inmates. It appears provision of outdoor challenge activities seems to help this mission being achieved in several ways.

An improved attitude towards the correctional system was reported by several inmates, who expressed feeling pleasantly surprised at having been given the opportunity to participate in such activities. They were forced to re-evaluate their earlier belief that the correctional system was "out to get" them, in the light of this positive experience being provided. Improved relations with officers might reflect a similar process. Officers participated in the programme as equals, sharing similar feelings of fear, determination and achievement. Some inmates came to a realisation that the officers were in fact human, just like them, and as officers, were simply doing a job. Improved relations across inmates of different races improved similarly. Such improved attitudes and relationships inevitably must have a beneficial effect on the management of the inmates, and the smooth running of a unit. Officers actually reported a reduction in the frequency of serious incidents and assaults in the unit as a result of OACP participation, which suggests an important and tangible benefit of the programme.

The inmates themselves, as mentioned earlier, also developed better relationships among themselves across racial and other perceived differences, which are often found to be the basis of most prison incidents. Again, this must help in the management of inmates in a secure, safe, fair, and humane manner.

Though not reported above, there were significant increases in measures of well being ($p<0.01$). These measures reflect reduced feelings of depression and a sense of renewed purpose in life. These effects arguably could feed into reduced escape or suicidal wishes, and help the inmate to better cope with long sentences.

At the very least, the OACP provided an opportunity to develop health and fitness (a recognised basic inmate need) through moderately intense exercise over prolonged periods of time. It could also be argued that the OACP provided many hours of constructive use of the inmate's time.

Conclusion

In conclusion there is some preliminary evidence that the OACP is effective in reducing the likelihood of re-offending, increasing the facilitation of other programmes, and contributing to the goal of providing secure, safe, fair, and humane containment. Participant gender comparisons in terms of reconviction rates suggest that women might respond better than men. However, before definitive conclusions can be made, these results need to be replicated using larger sample sizes and better validation of psychometric instruments.

The use of the three contrasting research methodologies proved a worthwhile exercise, as it allowed more in-depth interpretation of the results. One of the strengths of this research was the fact that the outcome variables bore a theoretical relationship with the desired goal of reducing re-offending. Too many of the research methodologies conducted in this area have demonstrated supposedly positive effects of OACPs that cannot, however, be rationally linked to the goal of changing criminal behaviour.

In the future there will be a very real demand for process-type evaluations designed to assist in developing theories to explain the effect of outdoor programmes on criminal behaviour. It maybe that more qualitative and investigatory research is needed to provide the data to help formulate such theories.

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Integrating Adventure Therapy into an Adolescent Sex Offender Program

By Darren Eger & Scott Kilby

Abstract

Since its inception, four years ago, the Male Adolescent Program for Positive Sexuality (MAPPS) has been involved in the assessment and treatment (individual and group) of adolescent sex offenders throughout Victoria. MAPPS has a philosophy of program delivery that attempts to match individual client needs with delivery mode. As a result, many modalities are used to achieve a match between the adolescent and the stage of the 'change process' they are in. Such modalities include cognitive behavioural techniques, drama therapy, art therapy, as well as the adventure therapy component. Adventure therapy has been incorporated into the MAPPS group program as a bridging or 'Transition program' between two key and distinct phases of the overall MAPPS group program. The process of incorporating adventure therapy into a multi-disciplinary, multi-modal program and associated costs and benefits will be discussed. Evaluating the adventure therapy component itself and its merit within the broader treatment program including the evaluation model will be reviewed. Adventure therapy is proving to be a valuable additional component in the treatment of adolescent sex offenders. Future refinement of innovative evaluation strategies should support this experience and refine its use with this client group.

Introduction

The aim of this paper is to outline the way that adventure therapy or our preferred term, Experiential Therapy, became an intrinsic component in the Male Adolescent Program for Positive Sexuality (MAPPS). We will discuss some of the issues that we encountered and those issues we are still trying to resolve particularly program evaluation.

During the early 1990's Australia was coming to terms with the existence of adolescents who commit sexual offences. Adolescents have always committed sexual offences, but these have often been overlooked and dismissed as 'adolescent experimentation'. The program was founded, as a result of three needs. First, the community expected a response to the problem of recidivist sexual offenders. Second, a recognition that early intervention with sex offenders was effective (Becker, Harris and Sales, 1993). Third, a greater emphasis was being placed on Juvenile Justice to provide offence specific programmes.

MAPPS initially drew its model from the work of Ray Wyre, Gracewell Centre (now the Faithful Foundation) in the UK., Michael O'Brien and the Program for Healthy Adolescent Sexual Expression (PHASE) in Minnesota, and Jonathan Ross and the Waypoint program in South Carolina. These influences were shaped by local expertise to establish the MAPPS program.

MAPPS first began receiving referrals in May 1993. At the time, a review of the literature revealed that adolescent sex offenders were being included in wilderness programmes. However, adolescent sex offenders were not specifically targeted for intervention by these programmes. MAPPS believes that adolescent sex offenders are unlike other young people who commit offences. Unlike other offences committed by adolescents, sexual offences are characterised by a persistent pattern of behaviour that increases in severity and intensity over time. While most other types of adolescent offending behaviour dissipates with maturation.

The MAPPS program was designed utilising a cognitive behavioural framework. From the outset, the therapeutic team was chosen for its breadth of experience and therapeutic backgrounds. MAPPS has drawn knowledge from Drama Therapy, Art Therapy, Psychology, Social Work, Psychiatry, and adventure therapy. Without these diverse areas of expertise, the MAPPS cognitive behavioural framework would be limited. MAPPS is a dynamic program aiming to offer the most effective range of interventions to adolescents who commit sexual offences. As a result of these influences, MAPPS has evolved into a focussed, offence specific program aimed at intervening at the earliest opportunity to decrease the incidence of sexual abuse in the community.

Change Process

The dynamic nature of the MAPPS program has resulted in the program evolving from its inception as a single, unstructured, open group. The Gracewell Clinic described a change process that their clients (adult, male sex offenders) commonly went through in treatment. A similar process was observed by the MAPPS program. That is, how to deal with an open group model and clients who were at different stages of the change process. There proved to be therapeutic benefits from having therapeutically advanced clients work through the denial and distorted cognitions of the newer clients. However, often the benefits were outweighed by the disadvantages associated with the damage done to the culture or ethos of the group. Advanced clients would report frustration at being held up by the newer clients. Consequently the program was restructured to reflect this process. The program now offers a phased, structured open group program. The five phases are outlined below in Figure 1.

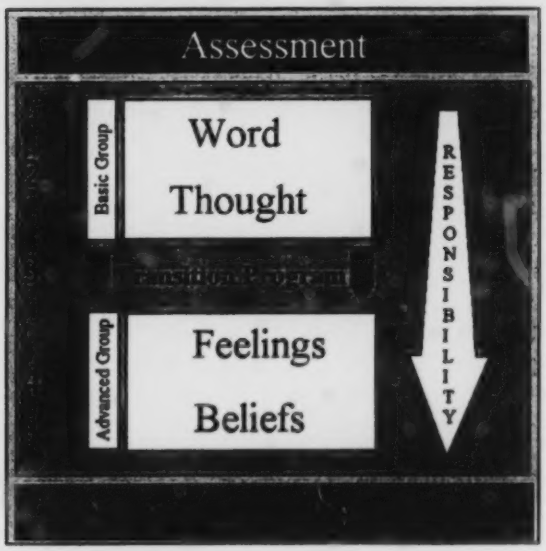

Figure 1. Five phases of the MAPPS program model incorporating change process.

Phase one: Assessment.

All young people convicted on a sexual offence are referred to MAPPS for specialist assessment. The primary aims of the assessment are to determine risk to the community and amenability to treatment.

Phase two: Basic group.

Basic Group runs as a fourteen-week loop focussing primarily on information and issues associated with control and boundaries. In Basic Group, the language used by the clients is challenged. Links to distorted cognitions are made and the distortions identified are linked to patterns of offending.

Phase three: Transition program.

The Transition Program is the most recent addition to the MAPPS program. It aims to recognise treatment progress and prepare clients for the next major stage of treatment, the underlying feelings and issues associated with their offending behaviour.

Phase four: The advanced group.

Advanced Group operates on a 30-week cycle and is process driven. In order to achieve long term change, clients must believe in their own ability to control their behaviour rather than rely on external controls. As part of that process, they need to be able to either accept or control the feelings associated with their offending. Of greater importance, they need to identify the feelings that will prevent them from committing further offences and prove to themselves that such internal control is possible.

Phase five: Relapse prevention.

The final stage of the program is tailored to the specific needs of each client. It involves the development of a relapse prevention plan (Gray & Pithers, 1993) involving the clients support network in maintenance and follow-up. The benefits of this structure are continually being assessed. Anecdotally, clients report significant benefits to the focus of their work and the culture in which it occurs. The therapeutic staff reports that the structure provides more incentive for progression and permits the development of a group curriculum that is specific to the developmental needs of each group. Until the Transition Program was incorporated, the move from the Basic Group to the Advanced Group was problematic. One of the major difficulties was the shift in culture from a controlled, content driven environment, to a process driven group with greater reliance on the client's own internal controls. MAPPS required a method for altering the perceptions and mindset of the clients as they made the transition. The method had to be intense yet remains within the resource limitations of the program.

Transition Program Rationale - Why use it at all?

Whilst the treatment of adolescent sex offenders is currently receiving increased attention by researchers, there is a dearth of empirically valid research that supports the variety of programmes currently on offer. However, research (Borduin, Henggeler, Blaske, and Stein, 1990) and expert clinical opinion suggest that programmes that are multisystemic and multi-modal are more effective. An additional qualitative advantage that this approach offers is the variety and intensity of experiences that treatment programmes, such as MAPPS, can offer. A program that offers adolescents a variety of ways to learn about and experience change is more likely to engage the clients and deal with their differing developmental stages and intellectual abilities.

Whilst MAPPS uses experiential techniques throughout the program, the Transition Program aims lent themselves to the experiential approach. The Transition Program aims to establish the extent of each client's 'feeling vocabulary' and then to expand it. The tasks associated with the Advanced Group (refer to Figure 1) involve processing the affective states of participants, their victims, and other group members.

The Transition Program also aims to celebrate their achievements to date and their ability to cope with intense emotional experiences. To meet these aims within the confines of a weekly community based program were considered to be problematic and time consuming. Therefore, an intensive experience was considered. Initially, residential settings were employed using Art Therapy mixed with more traditional group work. These were successful for some clients but lacked the variety and intensity to engage all of the clients. It seemed that we were most successful when we were able to shift them from their comfort zones. Until this shift was achieved, staff had little to process and work with. Something that offered a greater intensity of experience was required.

Therapeutic Toolchest

A review of the adventure therapy literature revealed a wide range of approaches and programmes. However, a common theme appeared to emerge. Many of the programmes described were offered as interventions in their own right. For example, a review of the Proceedings of the First National Symposium on Outdoor/Wilderness Programmes for Offenders (1991) indicated that many of the programmes described were being offered to populations with a common association (e.g., young offenders, jobless, and socially disadvantaged). The purpose of these programmes was often linked to a generic aim or aims focussing on personal development (ie. self esteem). It seemed that Adventure/Wilderness therapy was a solution in search of a problem. This is not as a criticism but rather a reflection of the evolutionary process. Programmes in most fields tend to move towards clinical consensus before the process of empirical validation has begun in earnest.

MAPPS chose to use experiential therapy as a solution to our problem; the need to provide a range of intense emotionally charged experiences in a short period of time. The information obtained from each client would be used to determine what his or her baseline affective vocabulary was, and what deficits existed. The results would then guide Advanced Group staff as the clients moved into that phase. Adventure therapy was chosen in an attempt to balance experiential therapy with the other therapeutic interventions used in the program.

MAPPS is a multidisciplinary program. No single professional approach dominates nor any therapeutic process. Knowledge and strategies are likened to have a good range of tools at your disposal. Often a specific approach is required to meet the particular need of the client. Therefore, we decided to add experiential therapy to the MAPPS toolchest.

The Transition Program

The Transition Program is evolving as our experience grows and from the increasing body of research. To date, no two Transition Programmes have been run the same way. No sooner have we packed away the equipment than the lessons learned are being identified and documented. The changes to be made are incorporated in the next program design. What follows is a description of what we plan to do next time. Structurally, the changes have been small, however they have been numerous.

A four-day outdoor based experience program was chosen as a compromise between a week long program and a weekend. All Transition Programmes are held over an extended weekend including Friday and Monday. This way there is minimal interruption to the set routines in client's day to day lifestyle (e.g. work or school, as required by legislation).

In the lead up to the Transition Program, clients are tested for swimming ability, given some basic instruction in roping techniques and provided with an outline of activities and what they will be expected to bring. Clients are also given some responsibility for food and catering choices during the Transition Program.

Day one.

Clients staff and equipment are transported from MAPPS Head office in inner suburban Melbourne to Lake Eildon. At Eildon, lunch is taken and canoes are packed with necessary gear for a one-night camp out. Clients are provided with suitable containers and given a brief rundown of the activities. They are then asked to make choices about which items they will and won't take and how each will be transported.

After a few general guidelines on canoeing technique, an eight-kilometre paddle is commenced to an isolated campsite on the opposite side of Lake Eildon. After the campsite has been set up, dinner consumed and a fire prepared, a group session introduces the concept of feelings and in particular, concentrates on the day's activities.

Day one aims to introduce clients to the concept of teamwork and working with others to achieve a goal through a canoeing experience. Personal responsibility is promoted through activities such as packing their own gear, as well as listening and following instructions around stove use and cooking. As noted, their recognition of feelings is a key goal of the program. Most of the clients have never paddled a canoe or cooked for themselves previously, and when put in an unfamiliar situation where they must work with and rely on others, feelings and reactions are more forthcoming. Staff process interactions and experiences as they arise.

Day two.

On day two, we rise early to prepare breakfast and pack-up camp. A short two-kilometre paddle starts the days activities followed by a repacking of the trailer and equipment. A short vehicular transport to the start of the cycling leg, where clients are fitted with a bike and helmet and supplied with a day pack containing a water bottle and japara. After lunch the group sets off on a twenty-five-kilometre bike ride towards their destination deep within the Cathedral Ranges National Park.

Camp Two is setup and dinner is prepared before dark falls in readiness for the Personal Focus Exercise. This involves blindfolding clients before leading them away from camp to a safe spot where they "sit and think" about an issue or topic specific to them. Staff will have previously identified the topics requiring attention for the duration of the weekend. They are individually led out to their spot before dark and collected after about an hour, when it is dark. If the clients wish to finish the activity, they yell their name and they will be lead back to camp to await the rest of the group. The clients are then debriefed around the campfire.

Day two aims to point out the need for others to achieve goals. During the Personal Focus Exercise most report loneliness and need for others and identify behaviours, which may help and/or hinder this. Staff report that the any inconsistencies between the way the clients presented in the Basic Group situation and the Transition Program are beginning to show. These observations will be brought to the campfire sessions.

Day three.

On the morning of day three clients will be supplied with a large backpack and instructed to pack it for an overnight hike. There will be a later than normal start to the day as clients ready themselves for an eight-kilometre walk. Of that eight kilometres, two kilometres is up a steep hill, one kilometre is down a very steep and rocky mountainside, and two kilometres across rocky terrain. The walking is difficult and expected to take approximately six hours. Upon arrival at the campsite, they will make camp and prepare their meals. That night we will run through some of the roping techniques and technology as an introduction to tomorrow's activities and then hold a group meeting. By the time this meeting is held the clients are usually tired and grumpy and more willing to express their feelings. The primary therapeutic goal will be to focus on the feelings invoked in them and towards others. A secondary goal is to process the consequences of their actions. By this point, staff are able to identify clients who are still operating well within their comfort zones. The design of the abseil activity can be configured to ensure all clients are sufficiently challenged.

Day four.

The clients set camp before a short fifteen minute walk to the abseil site. A safety and activity brief will take place and then clients will be talked through the activity. The aims of the activity are the acknowledgment of feelings, development of trust, and acknowledgment of risk. There will be an activity debrief followed by lunch and then the group will head back to the MAPPS office. Once back in Melbourne, a Transition Program debrief occurs including a goal setting session, and then the clients are picked up. The main aims of day four are to introduce trust and vulnerability to the group, as well as to orient clients toward taking their experiences to Advanced Group, establishing an ethos within which future work can begin.

Ethos.

Ethos is the client's experience of staff and the therapeutic environment. Clients need to be involved in creating an environment that is safe from physical and emotional harm for the Transition Program. It should provide ample opportunities to hear and be heard. If the ethos is correct, clients should feel supported in their attempts to take therapeutic risks.

Process.

The Transition Program is structured in such a way that there are three key opportunities to process the client's thoughts and behaviours.

The first element is the formal time for processing client's thoughts and behaviours is the nighttime group session. These sessions, held around a camp fire following the evening meal are designed to give the therapy staff a chance to continue their formal MAPPS work, and also to address issues that come up for each client during that days activities. Staff have the opportunity to combine their knowledge of the work to date and issues for each client with issues and experiences emanating from the days activities. The second element includes behaviours and expressed attitudes and beliefs are processed as they happen. When an incident occurs or an issue arises, staff can stop the activity and handle the issue at that time. The program is structured to enable staff to do this without missing campsites or putting anyone in a dangerous situation. Activities are designed to be tiring without being gruelling. This is to ensure client safety and ensure that clients are still able to process any feedback or discussion. However, activities are meant to be challenging. By challenging we mean that clients are encouraged to move beyond their comfort zones, intellectually, physically and emotionally. Clients will experience each activity differently depending upon their experiences and needs. This gives staff the opportunity to orchestrate changes in activities to invoke responses that will raise issues and challenge clients. The final element the Transition Program provides an environment that offers the opportunity to observe and reinforce appropriate behaviours. Appropriate behaviours pertaining to communication, participation, assertion, and consideration for others have been introduced throughout Basic Group. The Transition Program provides the first real opportunity for staff to observe the clients beyond the 'group' setting.

Participants.

All MAPPS clients are on a community (90%) or custodial order (10%). The average age is 16 (range 14-17) and they are all male. The clients who participate in the program are those who have, or are about to complete Basic Group work and are graduating to Advanced Group. For a client to graduate to Advanced Group they are required to successfully complete all work in basic Group and participate successfully in the Transition Program.

Staff.

The MAPPS program runs a small therapeutic team of 3 staff. The staff enjoys outdoor activities but hold no formal qualifications in outdoor education. MAPPS has imported the expertise in the form of a professional outdoor educator who works with the Transition Program on a contract basis. The development of the Transition Program Team has involved the transfer of knowledge and skills in both directions. Whilst staff experience and skills will differ, the key issues of a consistent philosophy and good communication ensure that the team is balanced.

Transition Program Evaluation

The problems associated with evaluating the effects of experiential programmes have been well documented and discussed (Kelk, 1991). In short, traditional, empirical research designs require control of extraneous variables to the extent that, if the research design was adhered to, the experience may not be worth experiencing. If the issue of the over emphasis on empiricism is side stepped, mixed designs also seem to fall short for different reasons. There is uncertainty about what are the relevant outcome variables and how to measure them. There is disagreement as to how to define certain variables for example, empathy. The use of empirical designs has a place and requires further investigation. An example being The Outdoor Experience (TOE) Program's research (Holmes 1996) using the Life Effectiveness Questionnaire developed by the Australian Outward Bound Foundation.

For the purpose of simplicity, MAPPS chose to explore single case designs, as we were primarily concerned with intra-subject change. The case study design is proving useful in situations where it is not possible to establish a true control group. Rather than looking for group change, the focus is upon individual change (Yin 1994). MAPPS plans to conduct client reviews prior to the Transition Program from which specific objectives will be developed for each client. A variety of qualitative and quantitative measures will be employed to detect change depending on the specific objectives. Clients will also complete a number of self-concept and well-being measures for purpose of description and comparison. Clients will be assessed upon their return and at follow-up. It is hypothesised that there will be individual change recorded for each client and that as a group; the change will be in a positive direction. Concurrently, an independent study is proposed to look at consumer satisfaction with the program.

13 Things We have learned or Still Have to Learn

In preparation for this paper, we reviewed our experiences and noted 10 points indicating useful learning or matters still to be resolved.

Organisation.

The MAPPS program operates on limited resources, with staff and equipment on loan from other program areas. Consequently, the Transition Program has had to develop a level of organisational efficiency that ensures that nothing is forgotten and the amount of time required to organise the program is minimal. The Transition Program occurs at set intervals in the MAPPS timetable and utilises a 6-week preplan. The preplan draws upon pre-existing documentation and forms including trip plans, consent forms, and lists of people/agencies that need to be notified. This preplan has had a significant effect on minimising the stress associated with trip organisation for a small program with minimal resourcing.

K.I.S.S.

The K.I.S.S. principle (Keep It Simple Stupid) has always been important for MAPPS. Practical, achievable program delivery will ensure that programmes operate consistently and regularly. By keeping gear requirements, activity complexity, and organisational logistics to a practical level, staff can concentrate on the most important element - the clients' experience.

Whilst on the topic of a client focus, the structure of the program is flexible to ensure that particular client requirements can be met. For example, a client who had special dietary requirements resulted in the program adopting a vegetarian diet. Another client with specific religious observances required a number of modifications to the itinerary. The apparent inconvenience invoked much useful discussion.

Mandatory versus required.

It is Juvenile Justice Departmental policy that clients can not be forced to participate in outdoor activities. Clients are informed that the program is required but not compulsory. Support from family and case managers is sometimes necessary to reinforce the value of participating. The issues around participatory coercion were debated. However, given the view that voluntariness in correctional settings can be a myth, MAPPS adopted the position that honest discussion with clients and their families around the value of participation and pressures on clients to do so, was MAPPS preferred direction. MAPPS staff attempt to address any anxiety the client may be experiencing whilst confronting attempts at avoidance. Staff don't necessarily attempt to eliminate anxiety but at least ensure it is validated.

Client selection.

Client selection has only proven to be a problem when we have not followed our own guidelines. If a client is ready to graduate from the Basic to Advanced group then the correct stage in the change process assures their appropriateness for the Transition

Program. However, the times that staff have advanced someone prematurely or failed to assess their progress accurately, the client has had a detrimental effect on the group. The need for accurate assessment of client progress in treatment is an important target to aim for.

Choice of activity.

One of the positive benefits of adopting the 'therapeutic toolbox' analogy mentioned earlier, is that it became increasingly clear that the type of activity was not that important. Originally the program was structured around the types of activities the staff were qualified to deliver and/or enjoyed. As the staff refined the program and saw the primary benefit of using activities to manipulate the affective experiences of the clients, the type of activity became secondary. Freed from the constraints of being "activity focused", the program was redefined as "client focused" with the additional benefit of being more flexible. Activities can be shortened, lengthened or dropped depending on client need and practical limitations (eg. time and weather).

Staff selection.

Gender balance, the need to have male and female co-facilitators, is an often described prerequisite for groupwork with adolescent sex offenders. The MAPPS program has felt that the need to create an anti-macho ethos to be of greater importance. Therefore, whilst gender balanced staff teams may be seen as desirable, it is considered that a team that provides genuine alternative role models that demonstrate respect, equality, and good communication is of greater practical value.

Selecting staff with outdoor education qualifications is not seen as vitally important given the previously discussed move away from an 'activities based approach'. A staff group who operate within a consistent therapeutic model has proven to be more beneficial than a high degree of outdoor experience (although this as viewed as necessary for safety reasons).

Staff health and welfare.

One of the most significant things MAPPS has learned is that in order to ensure quality of program delivery, the health and welfare of staff is paramount. MAPPS aims for the program to be challenging for the clients but not staff. Staff need to be able to observe and process client issues. This is less likely if staff are too physically or intellectually involved in the activity.

Physical safety.

Physical safety refers to controlling the risks posed a) by the activities and b) by the clients themselves. Competitive risk taking is a phenomenon familiar to most outdoor educators. Apart from the damage to the program ethos, competitive risk taking is a risk to the physical safety of staff. Recognising that people have different tolerances for fatigue and that 'how much you can take' can also be a source of competition amongst staff.

Despite how 'comfortable' staff might feel with their clients, it is safety that demands that you assume the worst (and expect to be wrong) from the clients. It might not be always possible to predict how a client will react to a situation. Violence against staff may be driven by fear or anxiety. It could be also be planned and therefore, malicious. Whilst, MAPPS has not experienced such behaviour, staff assume that it is possible and take the appropriate precautions. Staff are trained to communicate their concerns and 'hunches' with each as they arise. If something doesn't feel quite right, chances are that it isn't.

Psychological care.

As in all areas of therapeutic intervention, the thoughts, feelings and behaviour of the clients can have profound impacts upon staff. MAPPS employs the use of peer supervision and daily debriefings. Staff have reported negative experiences emanating from the inability to raise their own issues or discuss issues they have observed. Previously, the importance of ethos was discussed in relation to the client group. It is equally important to develop an ethos within the staff team that encourages and supports self-disclosure and positive feedback. On the final day, a debriefing is held for staff prior to everyone departing for home to ensure the following two 'buffer' days are truly work free. MAPPS now strictly enforces staff buffer days (days off). The day before departure is a relaxing preparation day that is void of any other work (ie. client contact and other projects). Following debriefing, staff have two days off ensuring that staff no longer work a 12-day week.

Program culture.

The program culture aims to provide a range of experiences for the client. However discussions with staff and clients have highlighted three factors:

- A program culture that reinforces that it can be safe to take risks. For many this may begin with the realisation that they can extend themselves physically. However, clients report that it's the therapeutic risks that are the most rewarding.
- That participating in the Transition Program is recognition of achievement is a theme that is carried through the program. Recognising and acceptance of praise are skills that are fostered and valued by clients. A positive ethos is required if clients are to move on to the next stage of the change process.
- The hope that things can be different is vital if the clients are to undertake the difficult task of confronting, accepting and challenging their feelings and beliefs associated with sexual offending.

Evaluation.

How to evaluate what we do is an issue that continues to challenge us. A range of evaluation of options have been trialed and dropped some for purely practical reasons. It is extremely difficult to make written observations around a campfire. Whilst we have not yet settled on methodology that we are entirely satisfied with, we are guided by three core principles:

- Knowing what it is that you wish to evaluate. Whilst sounding ridiculously simple, we have found this difficult to implement. For example, the goal to increase empathy was reduced to increasing awareness of the emotional experiences of others.

- Reporting negative results can be just as useful as positive results. Negative results indicate the need to review methodology or the presence of interactions not previously considered the latter being the most exciting.
- Use an applied approach to research design. MAPPS has moved from empirical designs to mixed designs that combine qualitative and quantitative analysis. MAPPS has also moved from evaluating group change to evaluating individual change and using the information to update the program (Action research model).

Research and evaluation is the area that needs the greatest attention. There appears to be many people and agencies using adventure therapy but not enough research is being reported (or undertaken) that involve satisfactory levels of scientific rigour. It is in this direction that MAPPS is currently directing most of its effort.

Risks associated with violent, abusive clients.

A question frequently raised at training is... "Aren't there additional risks taking kids away who have been charged with violent and abusive sexual offences?" Initially this was an issue that we were concerned about. For example, female staff members described concerns relating to spending time in remote locations particularly with young people convicted of rape offences. All staff initially expressed concerns related to working intensively with clients at an affective level... "What happens if you push the wrong button?" Upon reflection, staff concluded that three violence prevention principles used in general group work also applied to the Transition Program:

- Know the client. Good preparation in the form of a thorough assessment is essential for identifying warning signs.
- Establish and reinforce clear boundaries of staff and clients. Consistency is critical.
- Good communication between staff. Violence rarely erupts spontaneously; it merely seems that way when warning signs are overlooked. Clients will always try other forms of communicating their distress before using aggression to make their point.

Public safety.

MAPPS clients are informed from the outset that the programs primary concern is the safety of the community. This concern is reflected generally in the limited confidentiality offered to clients and for the Transition Program, it translates to practical issues. Decisions around campsites, places visited and even where stops are made for toilet breaks, are made with two concerns in mind. Firstly, have we taken all reasonable care to ensure that no members of the public are at risk physically or emotionally from the clients? Secondly, the public image of the program is vitally important. Programmes have been known to close following public outcry over an incident.

Conclusion

Since its inception, the MAPPS program has remained open to options that may induce change in adolescents who commit sexual offences. MAPPS clients comprise a heterogeneous group in relation to type of offence, backgrounds, denial and individual development. As such, a multi-modal program has had the greatest clinical validity for the MAPPS program. The separation of the MAPPS program into two groups based around a philosophy of change was an important evolutionary step for the program. However, the movement from Basic to Advanced Group became a difficult step for some clients to make. The final decision to use adventure therapy has proven to be rewarding for both clients and staff. The Transition Program appears to offer a range of benefits that have justified its inclusion within the overall treatment framework. The work that lies ahead is to repay the faith the clinicians have with the evaluation results. For now, MAPPS is pleased to have added this particular string to its bow.

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Working With Those Who Hurt Others: Adventure Therapy with Juvenile Sexual Perpetrators

By Cindy A. Simpson, Ed.S., & H.L. "Lee" Gillis, Ph.D.

Introduction

During the past 20 years, society's attitudes toward the sexual behavior of adolescent males have changed. The view that 'boys will be boys' in their attempts to act out sexually was once viewed as a normal part of growing up male. As data on sexual acting out among adolescent males began to be noticed, theoreticians lumped the sexual behavior in with other common problems of youth, including conduct disorder, oppositional defiant disorder, and substance abuse. Recently there has been an increased recognition of a growth in the incidence of aggressive sexual acting out by adolescents. This recognition has included the fact that a large portion of all sexual offenses are attributable to adolescents and that many adult sexual perpetrators began as adolescents. This has led researchers and practitioners to investigate effective ways of working with these youth (Barbaree, Hudson, Seto, 1993).

The legal system's response to juvenile sex offenders has been difficult. There is an awareness that these young men need treatment and will not benefit from being "tried as an adult" and treated like an adult. Even though their offenses are similar to adult sex offenders who engage in child molestation, rape and other sexual behaviors that are against the law in most jurisdictions, there is a recognition that adolescents are different then adults (Bala & Scwartz, 1993).

Diversion programs that offer alternatives to incarceration are common in many jurisdictions in North America. Such programs attempt to offer treatment to adolescents instead of a strictly punitive response to the adolescent's behavior. From one perspective, diversion programs or alternative to corrections programs could be seen as the birth of adventure therapy in the USA. Kelly & Baer (1971) modified Outward Bound program for adjudicated youth paved the way for numerous programs for juvenile offenders and at-risk youth. Project Adventure, Inc. began work with adjudicated youth in the 1970s which is highlighted in *Islands of Healing* (Schoel, Prouty, & Radcliffe, 1988).

Since the publication of *Islands*, Project Adventure's Covington Georgia office has grown in its direct service to youth in need. Islands documented the beginning of the original 6-week Challenge program for adjudicated youth. Choices began in 1991 to offer a 16-week program for adjudicated youth with alcohol and drug issues (Gillis & Simpson, 1991, 1994). Combined with the Challenge program, Choices added to Project Adventure's understanding of how adventure based counseling and treatment of adjudicated youth could be combined successfully to promote long term change. (Gillis, Simpson, & Smith, 1995).

In 1995, Project Adventure was asked by the Department of Children and Youth Services of the State of Georgia, USA to develop a longer-term program for juvenile sex offenders. This request came from the reputation Project Adventure had developed for successfully working with difficult youth. Thus, Project Adventure began Legacy, a 12 bed, and 10-month (minimum) residential program for juvenile sex offenders in October 1995. This article will briefly summarize the program components and highlight evaluation results.

Program components

Goals. Legacy's goals can be summed up simply from breaking the name into the following acronym: *L*earning *E*mpathy, *G*aining *A*cceptance, and *C*hanging *Y*ourself. The belief of Project Adventure, supported by research literature, is that a key to ultimately changing sexual acting out behavior is developing victim empathy. Attacking the themes which the juvenile sex offender brings to the program: power and control of others and secrecy (Goocher, 1994) are initial avenues that must be addressed if lasting change is to be possible. In sum, the goals of Legacy are as follows:

- To change sexually inappropriate behavior
- To foster sexually appropriate behaviors
- To become responsible for one's behavior
- To develop equal relationships rather than ones based on power and control over another
- To foster the development of self-control
- To develop healthy and appropriate roles and social socialization skills

Levels. Project Adventure, like many correctional programs for juveniles, developed a level system for clients to pass through in order to successfully complete the program. The levels and their corresponding treatment aspects are listed in Table 1.

In order to pass to a higher level, clients must present themselves to the treatment team and make a request to move higher. The move to the next level has several contingencies, not the least of which is the client's ability to keep their behavior in check by following the Full Value Contract.

Full Value Contract. The use of Project Adventure's Full Value Contract (FVC) (Schoel, et. al, 1988) is at the core of Legacy's work with juvenile sex offenders. The contract has been operationalized into a set of behavioral norms that are summarized in the following way: Be Here, Be Safe, Commit to Goals, Be Honest and Respectful, and Let Go and Move On. These five behavioral norms are incorporated into the level system, which all legacy clients pass through in order to successfully transition from Project Adventure's residential program to the 8-month aftercare program. The specific points of the FVC as they apply to each level are listed in Table 2.

Table 1

Levels of Program

Level One The Foundation	Level Two Treatment	Level Three Academics	Level Four Transition
Gathering information group and individuals	Applying feedback skills	GED - preparation / passing, JTPA, SAT, and/or attending public school	Developing employment prospects or school attendance plan
Awareness of behaviors (others & own)	Exploring empathy through treatment scenarios	Exploring career skills	Developing a detailed relapse prevention
Developing trust in a safe place	Developing goals for controlling behavior	Learning life skills	Increasing use of home passes
Learning to be success oriented	Identifying trigger points	Increasing social skills	Developing aftercare plan with CSW & family
Learning about denial of past behaviors	Engaging in honest disclosure	Engaging in community service	Dating / relationship skills - role playing
Taking responsibility for behavior	Confronting Specifics of offense(s)	Learning about family planning	Initiating a date - learning to ask
Learning the group process	Developing insight on behaviors	Achieving a home pass	
T-charting (looks like, feels like, sounds like)	Confronting denial	Learning about relapse prevention	Individual work with a victim or victim's group.
Learning feedback skills	In depth family work		
Understanding their family's role in the program			
Understanding and practicing The Full Value Contract			

Table 2.
The Full Value Contract

Legacy ;s Full Value Contract	Level One The Foundation	Level Two Treatment	Level Three Academics	Level Four Transition
Be Here (Be present, be aware, participate, stay in the moment - in the here & now.)	I will remain in the building, on the grounds, or in the placement home unless receiving staff approval to be elsewhere. I will not go into anyone else's rooms, shelter, tent. I will attend and be on time for all scheduled or announced program functions. I will attend all meals at prescribed times and only have food in designated areas. I will wear appropriate clothing at all times (i.e. pajamas, T-shirts, shirts, shoes) when outside room or tent. I will not wear hats indoors. I will not violate any Federal, State, or Municipal laws. I will not run away from the program and will remain until its completion. My counselors will know my whereabouts at all times. I will confront others on their behavior and accept confrontation regarding my behavior.	I call and run group (with minimal staff intervention). I demonstrate consistent positive behaviors. I meet all the Level One (FOUNDATION) criteria for Be Here.	I attend 12-step meetings as directed. I participate in an academic program as directed.; I participate in community service as directed.; I meet all the Level One and Level Two(FOUNDATION, TREATMENT) criteria for Be Here.;	I continue attending 12 step meetings. I meet all the Level One - Three (FOUNDATION, TREATMENT, ACADEMICS) criteria for Be Here.

Be Safe (Physically, Emotionally, Environmentally, Psychologically - be aware of your surroundings.) .	I will not have any sexual contact, however casual, including masturbation. I will not use or possess any mood altering substances or paraphernalia. I will not physically strike, nor be physically or verbally abusive with others, this includes intimidation I will not smoke. I will not mutilate anyone or myself by tattooing, piercing, or cutting (including hair). I will keep my room, group, and tent areas in order. I will not wear jewelry. I will participate in all aspects of the LEGACY Program. I will complete all aspects of the LEGACY program. I will take urine/blood tests as required by program staff. I will confront others on their behavior and accept confrontation regarding my behavior.	I set appropriate boundaries regarding disclosure of past behaviors. I meet all the Level One (FOUNDATION) criteria for Be Safe.	I arrange and successfully complete one home pass. I develop healthy / safe boundaries with myself, my family, and others.; I have acquired comprehensive knowledge of safe sexual behavior, including birth control, AIDS awareness, and sexually transmitted diseases.; I meet all the Level One and Level Two(FOUNDATION, TREATMENT) criteria for Be Safe.	I am implementing a Relapse Prevention Plan. I am able to practice appropriate boundary setting with my family, others, and myself. I meet all the Level One - Three (FOUNDATION, TREATMENT, ACADEMICS) criteria for Be Safe.

Commit To Goals (Know your group and personal goal(s); Make short and long term goals.)	I will contribute to and participate in the formulation of my own treatment plan. I will work toward attainment of treatment goals. I will confront others on their behavior and accept confrontation regarding my behavior.	I have developed a treatment plan that addresses: 1. My Self (forgiveness of self & others, social skills, life skills, academics, future plans) 2. My family 3. My victim(s). I meet all the Level One (FOUNDATION) criteria for Commit to Goals.	I set daily goals consistent with my treatment plan. I complete required school work consistent with my treatment plan.; I am developing a treatment plan for Level Four--transition--regarding school, work, and living arrangements) ; I am developing a relapse prevention plan.; I am making direct amends to people I have harmed whenever possible, except when to do so would injure them or others.; I meet all the Level One and Level Two(FOUNDATION, TREATMENT) criteria for Commit to Goals.;	I am developing platonic relationships. I am continuing my education and employment plan. I meet all the Level One - Three (FOUNDATION, TREATMENT, and ACADEMICS) criteria for Commit to Goals.

Be Honest and Respectful (Speak the truth - give and receive feedback; principles before personality)	I will be kind and I will be honest. I will treat everyone with respect, using appropriate language and tone of voice in the presence of others. I will respect the rights, privacy, and confidentiality of other clients. I will respect and care for the personal effects, and possessions of others, as well as property of this facility. I will confront others on their behavior and accept confrontation regarding my behavior.	I honestly disclose my past behavior by writing my life story. I have identified people whom I have harmed by my past behavior. I give honest and tactful feedback. I know why I'm giving feedback--I know my motive. I am able to accurately express another's point of view. I meet all the Level One (FOUNDATION) criteria for Be honest and respectful.	I am preparing myself to present my Life Story to a victims group.; I admit to my higher power, to myself, and to another human being the exact nature of my wrongs.; I am developing empathy for my victim(s).; I meet all the Level One and Level Two(FOUNDATION, TREATMENT) criteria for Let Go and Move On	I consistently show respect to others, especially those closest to me. I meet all the Level One - Three (FOUNDATION, TREATMENT, ACADEMICS) criteria for Be Honest and Respectful.
Let Go and Move On (Let go & let your higher power; Deal with your issues, don't run away)	I will not wear clothing that promotes drug use, violence, or death. I will not romanticize my past negative behavior. I will confront others on their behavior and accept confrontation regarding my behavior.	I listen to and receive feedback. I accept consequences gracefully. I develop appropriate ways to manage my anger. I made a decision to turn my will and my life over to the care of my higher power. I meet all the Level One (FOUNDATION) criteria for Let Go and Move On.	I am resolving my resentments. I express shame and guilt for my past behaviors appropriately.; I am ready to have my higher power remove all my defects of character.; I humbly ask my higher power to remove all of my shortcomings.; I meet all the Level One and Level Two(FOUNDATION, TREATMENT) criteria for Let Go and Move On.	I have a written action plan for going home or into Independent Living. I week self-forgiveness through this program, the Twelve Steps, and my Higher Power. I meet all the Level One - Three (FOUNDATION, TREATMENT, and ACADEMICS) criteria for Let Go and Move On.

Specific program components. The program began in October 1995 and the frist few weeks were consistent and focused around similar themes. As the program has grown and clients have come into the program and clients have moved to higher levels and exited the program, the program does not have the same flow as it did when Legacy began. A typical week during the first month of Legacy is summarized in the Table 3.

Table 3.
Program Schedule

FOCUS ON AWARENESS, BEHAVIOR & EMPATHY	
Monday	
9:00 - 10:00	Morning meditation: Visualization, reading, music - homework & goal check in, Aerobic "wake up" activity
10:00 - 12:00	Define and discuss terms: Awareness, Behavior, & Empathy Get kids to describe times they felt empathy for someone/ thing.
12:00 - 12:30	Lunch
12:30 - 1:00	Journal
1:00 - 2:00	Initiative Problems focus brief/debrief on awareness, behavior & empathy
2:00 - 3:00	Video "Why God? - Why Me?" Brief / debrief w/ emphasis on awareness, behavior, & empathy; Debrief in 2 small groups; focus on individual feelings, thoughts and learnings relating to their life; then ask the small group what are the 3 most important thoughts, learnings or feelings from the film. Ask some one in the small group to present these 3 to the other small group (each person in the small group should have an opportunity to be the presenter at some time when this approach is used, in other words make sure they take turns presenting from one activity to another)
3:00 - 4:00	Storybook time: focus on emphasis on awareness, behavior, & empathy (2 small groups) each group to focus on their individual feelings and learnings and then decide the 3 key learnings of the small group to be presented to the other small group
4:00 - 5:00	Daily workbook (2 small groups) check out (Large group)
Tuesday	
9:00- 12:00	Academics. Will start with morning meditation of some sort, followed by short aerobic activity, before starting school.
12:00-12:30	Lunch
12:30 - 1:00	Journal
1:00 - 4:00	All Individual sessions
1:00 - 4:00	Fun Activities, Triangular Tension Traverse, Wild Woosey Music Therapy
4:00 - 5:00	Daily workbook (2 small groups) Check out (large Group)
Wednesday	
9:00 - 10:00	Morning meditation: Visualization, reading, music - homework & goal review /check in Aerobic "wake up" activity
10:00 - 12:00	Discuss and define Empathy (large group) look at times an individual has felt empathy for another person in the past, describe this time/situation, What did you do about the feelings and or situation?(2 small groups) High element: Dangle Duo (focus on empathy)
12:00-12:30	Lunch
12:30 - 1:00	Journal
1:00 - 4:00	Continue with Dangle Duo Debrief the Dangle Duo
4:00 - 5:00	Daily workbook (2 small groups) Check out (large group)
Thursday	
9:00 - 12:00	Treatment Team Meeting
9:00 - 9:30	Morning meditation: Visualization, reading, music - goal check in Aerobic "wake up" activity
9:30 - 11:00	Values Clarification
11:00 - 12:00	Lee's group
12:00 - 12:30	Lunch
12:30 - 1:00	Journal
1:00 - 4:00	Video: Brian's Song; (watch in large Group) debrief (2 small groups) small groups discuss feelings of empathy for individuals in the movie, Why they have empathy for the individual in the movie - Have they felt this type of empathy for another person in their lives, who and why? around empathy towards their victim at this point

4:00 -5:00	Daily Workbook (we may not get to this - do in 2 small groups) Check out (large group)Points
Friday,	
9:00 - 10:00	Morning meditation: Visualization, reading, music - goal check in Aerobic "wake up" activity
10:00 - 11:00	Trolleys
12:00 - 12:30	Lunch
12:30 - 1:00	Journal
1:00 - 2:00	Art Therapy - Collages that show / describe empathy
2:00 - 4:00	Family Discussion: Is there anyone in your family you have empathy for? Why? All Aboard - each person has something different (of different sizes) to hold, items could be related to the role they play in their family
4:00 - 5:00	Daily Workbook (2 small groups) Check out clothing list for week 5 - backpacking

Notice the use of numerous experiential therapies during this week. In addition to the use of the low and high ropes course and initiative games, the Legacy clients watch videos related to their treatment goals, utilize art therapy and family therapy techniques in addition to journaling and workbook writing. These techniques are combined with individual and group counseling as well as the extensive use of the peer group in order to reward and consequence behavior.

Group. Central too much of Project Adventure's work with adolescents is the use of the peer group. "Group" can be heard with much frequency all though a program at Project Adventure, and Legacy is no exception. Group is used in a formal, structured way for clients and staff to confront behavior, express feelings or consequence the breaking of behavioral rules.

The group process follows a model of "control to empowerment" that begins with staff modeling the democratic process of speaking in turn and voting for consequences. Staff also tech the concepts of logical and natural consequences that are meant to 'fit' the behavioral infraction and serve as a learning process.

Many of Project Adventure's consequences have physical representations that are designed to serve as reminders to the client of what they have done. Some examples of consequences used in Legacy are listed in Table 4.

The 'control to empowerment' philosophy uses modeling by staff to give over the control of the group to the clients (always under staff's supervision). In the open group philosophy of Legacy (as opposed to other Project Adventure direct service groups that begin and end at specific times), group members at higher levels have had much experience in conducting group. Newer clients often have group called on them at a much higher frequency than higher level clients; however even the higher level clients can become lackadaisical and out of focus necessitating a group member (or staff) to 'call group' on them.

It should be repeated that not all groups are consequence groups and, in fact, the group will vote as to whether a consequence is needed. An additional use of group that has been very appropriate for Legacy is to talk of feelings. As clients become aware of their cycles of sexual behavior, they will often call feelings groups in order to discuss with their peers what they are aware of and ask for the group's feedback on what they should do. These feeling groups in combination with consequence groups are core processes in the treatment program of Legacy. Peer group's power to change behavior and the use of receiving consequences from peers as a basis from which to experience empathy is key to the treatment process of changing behaviors.

Table 4
Consequences in Program.

Full Value	Type of Consequence	Logical Meaning of Consequence
Being here	Badge	Acting like Junior staff
Being here	Microphone	For singing all the time
Being here	Pocket book	Boys who pay inappropriate attention to girls
Being here	Tape recorder or Video tape	For someone who repeats themselves or contradicts what they've said earlier
Being here	Worry strings or dolls	For those who are constantly in motion and need something to occupy their time
Being Safe	Baby bottle & pacifier	Childish behavior; spoiled or immature
Being Safe	Mask/Glasses	Hiding behaviors; not being honest with self; masking true feelings by acting silly or acting out
Being Safe	Nose/ storybook	Lying
Being Safe	Thinking Cap (shower cap/hat)	Forgetfulness (responsibility); not thinking before they speak
Commit to goals	Big Card for listing of consequences	For losing consequence card
Being Honest and Respectful	Signs	Responsibility; devaluing; putting a label to public as a reminder of issue "I will not steal snacks" I will stay focused; I will not raise my voice during group;
Being Honest and Respectful	Bandanna over the mouth	Inappropriate talk (cursing); romancing past behavior; talking too much
Being Honest and Respectful	Mirror	To be held in front of own face when giving feedback; for those clients who tell others things that they themselves need to hear
Letting Go	Brick (Cement block)	Refusing to let go of a bad behavior
Letting Go	Pot (Tin Can)	Pity pot - feeling sorry for self

Goal setting. Much of the group work from day to day and week to week centers on the client's goals while they are in the program. The client's ability to commit to and carry out goals in several areas is key to his ability to move to a higher level, to earn enough points for a weekend privilege and to ultimately achieve success in the program.

Legacy uses goal sheets for each level that are filled out weekly by clients, in conjunction with their primary counselor. The following are goals for levels 2 and 3. Under each goal that is written out, the client describes what the goal will *look like* when he is doing it, what he will *sound like* when working on the goal, what he will *feel like* when working on the goal, and what he will gain from completing each goal. Goal phrases on the client's goal sheets begin as follows:

- My overall behavior goal for this week is to
- My goal for school this week is to
- My goal for home for this week is to
- My goal in treatment for this week is to

Level 1 clients begin with only a behavioral goal. Level 4 clients have an additional goal of preparing for transition from the program to home. Goals are monitored daily and clients are awarded points for their ability to follow their goals each Thursday evening. If the client 'makes points' he will not have work detail during the weekend, but instead has earned the right to a privilege (movie, video game etc.).

Adventure aspects of Legacy. One week each month is spent camping. The remainder of the time clients live in homes where they must complete household chores and prepare their meals. The transition of outdoor living skills to skills of daily living in a home is a core belief of Project Adventure's direct service programs that has proven successful.

Camping out one week per month is usually done on the property of the Covington facility. However, clients also will travel to the coast or the mountains of Georgia for more extensive backpacking or climbing trips. The trips provide a time for the groups to practice the problem solving and cooperation skills they have learned through the Legacy program.

Adventure activities on the low and high ropes course are utilized for recreational, educational, and therapeutic purposes. Initiatives often are linked to specific treatment goals such as maintaining appropriate boundaries, touching appropriately, body awareness, and following directions. The full range of adventure activities described in Project Adventure's publications and catalogs are available to Legacy clients as they are involved in treatment on the same site as workshop training takes place.

Referral Process. Steps in the referral process for a client's court service worker to refer him to Legacy are described below:

- Call and discuss referral with the program director of Legacy.
- Send referral packet to the program director of Legacy. Packets should include: Social History, All criminal offenses, Any and all available Psychological information, Medical History, Treatment History if any, order of commitment, classification profile, birth certificate, Medicaid card if available, school transcript
- Interview scheduled by the program director of Legacy
- Client accepted or rejected for placement by treatment team
- Coordination of placement with district coordinator of Specialized Residential Services for funding, Department of Children and Youth Services, State of Georgia, USA

After acceptance and before placement into Legacy, clients must provide the following information:

- Proof of Medicaid or health insurance, Medicaid applied for
- Complete Physical within one year of entry into LEGACY
- Clients currently on medication need to have a minimum of one-month supply upon date of placement.

Program Evaluation

Each client who is accepted into Legacy goes through an extensive interview with staff and with a consulting psychologist. From this interview, mental status in determined and a diagnosis is rendered. The results of the interview combined with previous psychological recommendations and consultation with the court service worker result in the development of an individualized treatment plan. This plan closely follows the full value contract mentioned earlier and details behaviors the client must follow in order to successfully complete the program.

Clients are also administered a battery of psychological instruments at the beginning and throughout the program in order to monitor their progress. Results of these evaluations to date along with demographics of the client group are presented below.

Demographics: To date, Legacy has served 24 clients. All of those clients were male; 9 (27.5%) were African American and 15 (62.5%) were White. The average age of all 24 clients was 14.4 years and the average duration of treatment to date of all clients was 10.1 months.

One half (12) of the current 24 clients have exited the program thus far. Seven (29%) of those clients exited in a manner that was unplanned. Five (21%) exited Legacy in a planned way signifying their completion of the residential portion of the program. Table 5 gives additional demographic information on the clients who are still in the residential portion of the program (including 3 who have arrived recently), those who have completed the program, and those who exited early.

Table 5.
Demographics of Participants.

	Currently in Program N=12	Successfully completed N=5	Unplanned exit N=7
Months in Program	10.61	13.99	6.75
Age at Start of Program	13.79	15.28	14.93
Most recently completed School Grade	7.18	8.4	7.28
Age at First Criminal Offense	10.72	12.40	11.57
Number of Times Arrested	3.00	3.00	1.57
Number of times in detention	3.45	3.20	4.00
Number who admitted to smoking cigarettes prior to program	5	3	4
Number who admitted to using alcohol prior to program	3	3	3
Number who admitted to using drugs prior to program	5	4	2
Victims reported when initially in program	2.17	1.40	0.50
Victims reported upon completion or exiting program	4.08	5.2	3.17

The demographic data gives one view of the 24 clients who have thus far been with Legacy. Current clients are entering Legacy at a younger age than those who have exited. The current group has not spent, as much time in detention as those who exited early but they had more charges when they were arrested and began their encounters with the legal authorities earlier. Current clients also admitted to more victims upon entry than those who have exited. Combined with those who have exited successfully, current and former clients are revealing more victims while in the program than those who exited unplanned. There is some evidence that those who are in the program are engaged in treatment: revealing more victims to date, or upon completion than those who were not successful. The pattern of involvement in treatment is also evident from a repeated measure analysis of variance of the Minnesota Multiphasic Personality Inventory-Adolescents (MMPI-A) and the Tennessee Self-Concept Scale (TSCS).

Personality evaluation

Self-report information was gathered on all clients upon their arrival in Legacy. Subsequent to that, evaluations were made at 4, 8, and 12 months following their arrival.

Being that the group is open and can exit or accept clients at numerous times, not all clients were or have been tested. Thus the repeated measures ANOVA, utilizing clients who are currently in the program (N=12) or have successfully completed the program (5) involved about one half of the 17 clients.

Average scores across three time periods (0 months, 4 months and 8 months) are presented in Table 6 for the scores that are considered statistically significant for this small sample of the total population of Legacy clients.

Table 6
Scores on selected measures.

Scale	Time 1 Intake	Time 2 4 months	Time 3 8 months	F	p< .10
MMPI Scale F:	60.56	65.67	70.78	3.58	.052
MMPI Scale 1: Hy	50.78	58.56	63.00	5.36	.016
MMPI Scale 6: Pa	58.56	64.11	67.89	3.07	.074
TSCS Total	348.56	339.10	312.8	6.70	.008
TSCS Physical Self	73.56	74.20	64.30	3.48	.056
TSCS Moral Self	71.44	71.33	63.00	4.00	.039
TSCS Personal Self	62.20	57.20	53.40	3.86	.040

Evidence for treatment taking place is offered from data in this table combined with data from the demographic table presented above. The MMPI-A scales that deal with body concerns (1) and anger, resentment and projection (6) go up in a direction that would indicate these feelings are increasing. The scales measuring self reported self esteem indicating the clients might not see themselves in as positive a light as they did upon admission. The significant increase in the admission of victims would indicate to these authors that the focus of treatment has brought about disturbing thoughts and feelings among the clients that has led to an increased awareness in their bodies, increased anger at self and others and a decrease in their positive view of themselves.

Other interpretations are also possible including the impact of staff turnover in the initial year of the program or the resentment clients may have felt for having to take the MMPI-A and self esteem inventory repeated times. The data is certainly preliminary due primarily to having only 8 of 19 clients tested on all three occasions. Due to the nature of repeated measures, any client who did not have all three administrations was eliminated from the sample.

From initial data in an earlier program, the current authors (Gillis & Simpson, 1991) found that clients had an inflated sense of self at pretesting and presented themselves with fewer problems than they actually had; thus the pretest data could be inflated due to the client's inaccurate view of himself. It is difficult to know just what this preliminary data reveal.

Conclusion

While there are numerous interpretations of the quantitative data, the true measure of the success of Legacy is in clients achieving the goal of not re-offending. To date, no client who has successfully completed the program has re-offended sexually. One is currently in lock up for 'being with the wrong' crowd, according to his court service worker and one was absent without leave from his home for two weeks; still there are no reports of sexually acting out. Both of these clients represent one of the greatest problems we face as a treatment program: placement following treatment. Funding from the State can dictate when a 'successful' client must be terminated. Several times, including the two cases above and two others of the 5 who have completed Legacy, placement was back to the home from which the client came; a home to which we were not in favor of them returning to due to lack of supervision and lack of appropriate resources. We have tried to lobby for independent living situations that would provide clients who have no appropriate place to return a greater chance of being successful. Our follow-up efforts of weekly contact and monthly visits on our site and at their placements are not enough for clients in difficult living situations. We will continue at Project Adventure to advocate for appropriate and healthy placements for our clients as we continue to seek funding for an independent living program that can best serve their needs.

Until the time comes when all clients can transition into the healthiest of situations, we all will hope that clients can rely on the knowledge they've gained from the educational and treatment aspects of Legacy. Our hope is that the sound of "Group" echoes in their heads anytime they think of behaving in a way that violates the full value contract.

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The Use of Adventure-Based Therapy in Work with Adolescents who have Sexually Offended

By Susan Rayment

Introduction

> Paul, after experiencing a number of trust games, begins to feel safe enough with other group members to acknowledge to them who it was that he abused. Paul is an adolescent who has sexually offended.
>
> David completes a high ropes activity and states that if he can do that, he can do anything, including facing up to his sexually abusive behaviours.
>
> Tim demonstrates some of the changes he has made in balancing his own needs with the needs of others. He offers to carry other group member's backpacks during a bush walk, after noticing they looked tired.
>
> Chris helps other group members negotiate a number of creek crossings, and begins to realise he can be a caring person.
>
> Fred experiences the friendship of other group members, and begins to like himself again.

These are examples of typical responses and outcomes achieved with adolescent sexual offenders through adventure therapy programs. The opportunities for learning are endless, and the acceptance for learning this way by young people is very high. Whilst group members make progress in dealing with their abusive behaviours, memories and experiences to last a lifetime are also being made.

This paper describes a counselling program for adolescents who have sexually offended. The counselling program was developed and run by the Sexual Abuse Counselling Service (SACS). While female offending clients are seen at the Service, this paper focuses on the program offered to adolescent boys. The aims of counselling with these clients, the rationale for using adventure therapy as a part of the program, and details of the adventure therapy components (including the major themes that are processed) are described. Finally, some issues for consideration by other services planning to incorporate adventure therapy into their work with sexual offenders are discussed.

Sexual Abuse Counselling Service

SACS is a specialist unit within the Department of Families Youth and Community Care, Queensland, Australia. It provides services to adolescents and their families when sexual abuse has occurred. This includes adolescent victims of abuse subject to protective interventions by the Department, and adolescents who have sexually offended, and are subject to child protection or juvenile justice interventions. SACS was established in 1989. SACS has five professional counsellors on staff, and an administration officer. It is the only service of its kind within Queensland, and has statewide responsibilities for assisting in the development of responses to sexual abuse.

Adolescents who have sexually offended who attend SACS are expected to participate in individual and group counselling sessions, and family counselling sessions where appropriate. Adventure based programs represent a significant and integral part of the group therapy process at SACS. Staff at SACS are accredited to facilitate residential experiential based programs and are trained by staff of "The Outlook". 'The Outlook' is a resource facility of the Department of Families Youth and Community Care, located at Boonah, an hour by road from Brisbane. SACS also contracts accredited instructors to facilitate some activities both from 'The Outlook' and from a limited number of commercial adventure program operators.

Aims of Counselling

The aim of therapeutic intervention with adolescents who have sexually offended is to prevent further abusive behaviours. Interventions by SACS with adolescent offenders are based on the belief that: 1) sexually deviant behaviours are learnt 2) that more adaptive behaviours controlling impulsive tendencies towards immediate gratification may also be learned 3) and that successful interventions are based on utilising existing systems including welfare, legal and family systems.

The literature (e.g. Jenkins, 1990; Steen & Monnette, 1989; Salter, 1988; Knopp, 1985) and clinical experience identify important information and issues to guide work with sexual offenders. These include: 1) promoting and encouraging acceptance of responsibility for the behaviours; 2) developing an understanding of patterns of offending, including grooming behaviours, thinking errors, and the events that lead up to the offending behaviour; 3) identifying and reducing levels of denial and minimisation; 4) increasing awareness of victims issues; 5) and developing strategies for future safety, based on the relapse (offence) prevention model (Pithers, 1990).

Along with these specific themes, other factors also comprise important aspects of counselling, both in the provision of skills and in establishing a context for change. These include: 1) increased self esteem, worth, image, identity; 2) psychosocial skills development, including communication, relationship and problem solving skills; 3) exploration of sexuality issues; 4) exploration of issues of own victimisation; 5) family relationships.

Many young offenders feel uncomfortable about meeting others. They don't know what to do or how to get along with peers their own age. As a consequence they have difficulty making friends or being part of a group. A young person might experience such difficulties, because they don't feel good about themselves.

In the present day, young people experience a bombardment of sexual information from sources including television and video. Young people who lack confidence and relationship skills can experience confusion about sexuality issues as a result. This can occur when they lack direction about appropriate outlets for sexual expression and when they experience pressure from peers to be sexually experienced.

Given these factors, a balance needs to occur between addressing specific offending behaviours and other aspects of their lives. The development of an identity, which has some positive elements, is important for young people to believe they can have a future that does not include sexual offending. This is important since adolescence is a time for developing self and sexual identity, important prerequisites for adulthood. Hence counselling sexual offenders is a complex process. Key elements are summarised in Table 1.

Adolescent offenders group counselling program

Group counselling is a tool used to achieve a wide variety of therapeutic goals, through a range of learning experiences and opportunities. Those opportunities include: 1) reducing feelings of isolation; 2) developing positive peer age relationship skills; 3) exposure to challenging inappropriate behaviours and cognitions; 4) increasing information and experience base from which to learn; 5) providing an arena for trying out new roles.

The group counselling program at SACS is a year long closed group program. It includes a three-month intake, assessment and preparatory period, followed by three blocks of group sessions, which run concurrently with the school terms. Each block of 10 weekly group sessions (each of two and a half-hours) has a different theme. These include:

- Block one - Facing up to and accepting responsibility for sexual offending. [Jenkins (1990) refers to the process of offence disclosure as "facing up", to imply issues of personal responsibility. SACS has adopted this language.]
- Block two - Victim awareness
- Block three - Offence prevention and planning for future safety.

Adventure based therapy components are structured into the program prior to each block, mid-way during block one, and at the end of the program.

The program begins with approximately 10 boys of ages ranging from 12 to 17 years. All have committed sexual offences against children. Generally some have been charged and are either subject to court orders, including attendance at counselling, or are awaiting court appearances or sentencing. Others may not have been charged. Some have offended against siblings while others have offended outside of their families.

Two counselling staff facilitate the group, including one consistent person throughout the entire program, and a second facilitator changing each block. This model allows clients to be followed-up by the same person throughout the yearlong program, while still benefiting from the different input of changing facilitators. Composition of the facilitation

Table 1
Key elements of Counselling with Adolescent Sexual Offenders

AIM	PROCESS EXAMPLES	DESIRED OUTCOMES
Develop a context for change (prepare the young person for the counselling process)	provide information about counselling explore ways that counselling can 'help' balance negative and positive feedback highlight changes/progress set goals for change support	increase self esteem develop self identity involving ability not to reoffend help them to be able to hear, accept and act on feedback given help them identify, acknowledge and act on their need for change facilitate the development of internal motivation to be different
Explore themes directly relating to their offending behaviour	A. face up to (disclose) details of the offences	acknowledge and accept responsibility develop an understanding of offending patterns, including cognitive distortions reduce levels of denial and minimisation
	B. provide information on impacts on victims and families	increased awareness of victims issues increased awareness of self and others learn to balance own needs with needs of others develop empathy for victims
	C. provide information on the relapse (offence) prevention model and explore issues relating to future safety	acknowledge risk of reoffending understand the relapse prevention model develop an understanding of the importance of planning to future safety develop strategies for future safety
Address other aspects important to the young persons positive development and ability to prevent reoffending	provide specific information about communication skills etc provide opportunities and feedback re psychosocial skills development explore any other personal issues engage parents/family in counselling explore sexuality issues	improved psychosocial skills including communication and relationships skills exploration of issues relating to own experiences of victimisation (where appropriate) improved family relationships

teams usually includes male-female groups. This design aims to provide a combination of appropriate role modelling and challenge to gender stereotypes. Guidelines for behaviours are negotiated up-front with the group in the form of a 'working agreement'. Group members are encouraged to use their own words to describe the 'rules'. They are asked to consider what they mean for both the group and for each individual member. Key aspects of the agreement, which are reinforced regularly during the program, are: 1) participation; 2) respect; 3) safety and legality; and 4) feedback. These principles were developed by 'The Outlook' (1995) for use in creating a safe environment for groups. SACS has adopted the use of these principles.

Adventure Therapy Rationale

Adventure therapy is an integral part of the overall counselling program for adolescent sexual offenders at SACS. Each adventure therapy component is designed around themes being addressed in weekly group sessions, along with other aspects critical to counselling with this client group. Young people are helped to connect their experiences with their efforts to deal with their sexually abusive behaviours. The adventure therapy components are also designed to meet and challenge the interests and behaviours of the group members.

Adventure therapy components are utilised in the SACS program to introduce counselling themes, to consolidate counselling themes, and to make concrete the abstract constructs discussed in counselling. Adventure therapy is also used to increase self-awareness and self-esteem of the clients. Facilitating the development of psychosocial skills including communication, problem solving skills, intimacy and dealing with conflict is another aspect of adventure therapy. Adventure therapy also provides a non-threatening way to raise/address some of the difficult issues of sexual perpetrators. Finally the program encourages hard work and rewards it with success; it can also encourage individuals to participate in the program through having fun.

There are a number of other positive outcomes, which arise from the use of adventure therapy. Participants have the opportunity to practise new skills, to develop new interests, and are able to gain real experiences to draw upon. Our clients and staff have the opportunity to assess levels of functioning, progress, and changes made by group members.

Adventure based activities are a newsworthy and non-threatening way to introduce themes and raise issues directly relating to sexual offending behaviour. They are also applicable to levels of self-esteem, problem solving skills, communication skills and personal insight and growth. This medium makes concrete many of the abstract constructs discussed in counselling, and provides lasting experiences to draw on when confronted by subsequent challenges. The use of adventure can also match the client's experience of sexual offending as risk taking. It allows the processing of self in similar risk taking experiences in the absence of offending behaviour.

Consideration is given to the choice of activities undertaken, when designing adventure therapy programs. The program is dynamic and takes account of individual interests, skills and levels of challenge. In making such choices, consideration is also given to staff accreditation, previous group experiences of activities, knowledge of the current group members, the groups' stage of development and the adventure model. The Adventure Model (Mortlock, 1984, cited in The Outlook, 1995) provides a framework for describing and understanding peoples different experiences to outdoor or adventure situations. This model describes four levels of experience, play, adventure, frontier adventure and misadventure. Frontier adventure can be a very memorable and high learning experience. However misadventure can be both emotionally and physically dangerous. Hence it is important to consider individuals experiences in planning programs.

Each young person's experience during activities must be assessed and facilitators should act to prevent a misadventure experience. For example, one group member was unable to complete the low ropes activity, and somewhat unwilling to have a go. This person was responded to with a combination of challenge and support. He was encouraged to try the activity and was given information about safety and instructions that he could get down when he wanted to. The low ropes course used commences with a log on the ground and gradually gets higher. This young person managed to get through about one third of the course with support and encouragement. When he did choose to get down, he felt very proud of himself. The following day when the group was due to attempt the high ropes, the beneficial outcomes of this were observed. Given the safety and satisfaction of his earlier experience, this young person readily participated. Despite again making a choice to come down before completing the course, he pushed himself a lot further and a lot higher than he or anyone else had expected.

Many mediums, including low and high ropes courses, high adventure activities, rock climbing, abseiling, canoeing, bushwalking, problem solvers and bush camping are included. Such diverse mediums ensure each group member is able to experience both challenge and risk taking during some activities, as well as a sense of esteem and achievement in being able to undertake other activities easily.

Attainable stages are an integral aspect of the program design. For example, climbing walls are a good introduction to a higher cliff-face climb. Such stages assist in creating motivation and challenge for participants. In undertaking such a process overnight changes are not sought. Instead, the aim is to encourage and produce change one step at a time.

However, the most important aspects considered in designing such programs are the objectives of each activity and the processing that will occur. Each activity is chosen with particular themes in mind, which are drawn out in both the framing up of the activities and the debriefing process. The model used to inform this is an experiential learning model used by 'The Outlook' (see Figure 1). This model was developed on action research concepts by 'The Outlook' in 1994, and reflects an experiential learning process of doing, observing, analysing, generalising and applying (using what has been learnt in a new situation)('The Outlook', 1995). This process can be continued by practising the learnings identified and eventually being able to use them outside of the adventure experience, in the young person's own world.

The process of experiential learning is achieved each time a young person is able to transfer learnings from one situation to another. Examples demonstrating this include a group members' description "I know talking about our different choices and ideas helped in solving that initiative problem, so I thought it might also help my mum and I sort out an argument we have been having about how often I'm allowed to go out". Another group member stated after a bushwalk "I know yesterday we weren't very good at looking after each other, but today we tried a lot harder and I felt looked after and think I was more helpful to others."

Processing is the method used to assist group members to reflect on their experience, consider what it meant for them and make links to any potential meanings for other aspects of their lives including sexual offending. Processing helps to make the activities or experiences therapeutically beneficial.

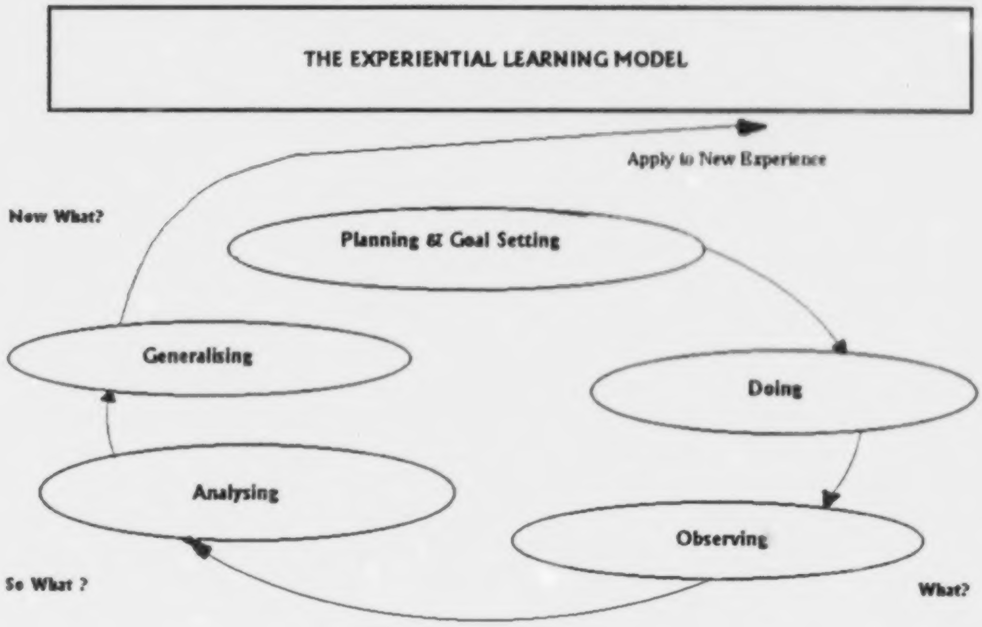

Figure 1. The Experiential Learning Model used by the Outlook Program.

Processing of experiences can be done formally following the completion of an activity. Such a 'debriefing' process might involve the use of 'what', 'so what' and 'now what' questioning. For example: "What did you do?" "What did you like best/least?" "So what was it like when ...?" "So what did you learn here?" "Now how does this relate to ...?" "Now how could you respond to a similar situation....?" (Schoel, Prouty & Radcliffe, 1988; The Outlook, 1995). Using a sequence like this, a rock climbing activity could be processed in terms of facing challenges or trying to achieve a goal, one small step at a time, which in turn could be linked to goals for counselling. Alternatively the same activity could be processed in terms of issues of trust in the equipment and in the belayer, with such issues linked to issues of trust in relation to sexual abuse.

The experience of the victim of abuse of broken trust could also be processed from this activity in terms of what it might have been like if the belayer had dropped them. This procedure is vital to how much learning a young person will gain from an experience, and how well they will be able to make abstract links to other facets of life. A formal debriefing process following "the what", "so what", "now what" sequence, follows the experiential learning model (see diagram 1). This questioning process broadly follows that advocated by Quinsland & Van Ginkel (1984) which matches cognitive thought processes. Hammel (1986) also emphasises the need for processing to be flexible and matched to the level of functioning of the group members and to their involvement in the activity.

Informal processing occurs spontaneously throughout each day, as appropriate, or as issues arise. In relation to adolescent sexual offenders, this includes highlighting examples of behaviour illustrating responsibility or awareness of others, the achievements individuals make, changes in behaviour, links to goals or issues in their counselling and individual concerns.

It is also important to assess when it is important not to process an experience for young people. Experiences can sometimes be most powerful when people are allowed to "sit with it," and make their own connections. Reflections can also be made on later occasions. At SACS a variety of processing methods and tools are utilised which can include: 1)formal debrief; 2)informal processing; 3)no processing; 4)group discussions; 5)journals; 6)art work; 7)reflections (question) sheets; 8)photographs; 9)letters; 10)video; 11)graphs; and 12)group counselling sessions, and 13)individual counselling sessions.

The 1996 Adventure Therapy Program

The key elements of the adventure therapy program during 1996 are presented and discussed here. The themes of treatment and their relationship to adventure therapy are illustrated through this case example.

Residential program one (April 1996).

Key aims of this four day program based at The Outlook were:

- Group forming, getting to know each other.
- Learning/negotiating how to work together
- Introducing themes including facing challenges, disclosure and responsibility.

Initially, and over a three day period a number of 'getting to know you' and trust activities were used to assist group members to get to know each other and to increase the level of comfort they felt with each other. Problem solving activities and low and high ropes were also undertaken. These activities also assisted with group forming and bonding. The problem solvers, for example, "The Meuse", "Mohawk Walk" and the "Punctured Drum", provided a tangible experience of working together including negotiating different roles, how to assist each other and dealing with conflict. (For a more detailed description of these and other initiative problems refer to Rohnke, 1984 and 1989). The ropes courses provided an avenue for group members to challenge themselves physically. From this experience connections were made with the challenges they would face during the following year of counselling.

During this program group members were asked to begin disclosing small details of information about their offending behaviour. This outlined the reason for attendance in the group and at the adventure program. This also set the parameters for future group counselling sessions and future adventure therapy programs.

A bush camp-out was held on the last night of the program. This provided new challenges for working together and a very new experience for some group members. The intimacy and atmosphere of sitting around a campfire was used for group members to begin to share other personal information with each other.

Mid-block activity: Block one (May 1996).

This was a four-hour evening program run during the middle of block one. Aims were to reward the hard work already undertaken, and to reinforce the themes of responsibility and facing challenges. The activity involved rock climbing at the Kangaroo Point Cliffs, an inner city, outdoor location on the Brisbane River, well lit for night climbing.

The theme of facing challenges was explored through the challenge of climbing the cliff face. This included experiences of fear, wanting to give up, being unsure how to go on, and the huge sense of achievement gained by facing the challenge and conquering the climb. Ways that the group members were able to assist each other in facing such challenges (including shouting encouragement and ideas) were also explored. These factors were linked to the challenge of disclosing information about their offences (facing up), that each group member was undertaking during the weekly group sessions.

The theme of responsibility was explored in relation to adherence to safety procedures, and in relation to group member's roles in belaying. From this the importance of responsibility was identified, with discussions around the observation that at times being responsible is not the most exciting thing to do.

Residential program two (June 1996).

This was a three-day residential program, based at The Outlook, and held at the completion of block one and prior to the commencement of block two. Broad aims of this program were to consolidate learnings from the first block, introduce themes of the second block, and continue to facilitate self-esteem and psychosocial skill development. Specific aims included: 1) acknowledge achievements in the "face up" block and consolidate themes, for example responsibility; 2) introduce the importance of assessing and balancing own needs with the needs of others; 3) develop an awareness of self and others; and 4) develop self esteem.

An all day fantasy bush walk journey was the major medium used. The 1996 journey was a long one-day bush walk in the mountain ranges on the Queensland/New South Wales border. Instruction sheets identified the fantasy story/task for the day, which involved working through a variety of problem solvers and other activities including the 'Spiders Web', 'Blind Polygon' and the 'Great Egg Drop' (Rohnke, 1984, 1989). The instructions for this were provided periodically, using a treasure hunt type format. The first half of the walk incorporated the treasure hunt over steep wooded countryside. Group members had to carry packs containing food, water, first aid and other safety equipment. Additional equipment for the planned activities also had to be carried. After a picnic lunch, the group followed a more arduous walk out of the valley.

The themes of awareness of self and others were explored during the activity including the need to recognise the feelings and experiences of others. The balance of looking after own and others needs was also explored. Opportunities to reflect on these issues included carrying packs, waiting for people at the back of the group and negotiating creek crossings.

Debriefing highlighted and identified incidents when group members demonstrated such an awareness, as well as when group members only considered their own needs, at the expense of others. In subsequent discussions the ease of thinking of yourself first was explored, along with the steps involved in beginning to be more aware of what's going on for others. Links were also made back to their sexual offending including how their ability to block out and ignore the feelings of others, and think only of their own feelings, contributed to their abusive behaviour. Arising from those discussions, the importance of changing this behaviour in preventing further offending was identified.

Facilitators also guided a discussion to allow members to begin to consider the experience of having needs and feelings ignored. This was linked to the experience of victims of sexual abuse. A ‘journey’ metaphor was also used to reflect on individual journeys in dealing with sexual abuse, and the impact of sexual abuse on their own lives.

Residential program three (September 1996).

Planning was highlighted in the third residential adventure therapy program. Group members were given the task of planning a two-day canoe trip down the upper reaches of the Brisbane River. To undertake this role, the group members were given information about the trip and responsibility for planning a menu, shopping list, equipment list and packing out, as well as for decisions about distances travelled each day, and where and when to stop for breaks/meals. Group members were given a strict budget and were also responsible for completing the shopping.

Post activity debriefing centred around issues of planning, as an introduction to the following 10 week block which focused on planning for safety in relation to sexual offending (relapse or reoffence prevention). By focussing on the planning by the group, it was possible to identify some of the important factors in planning generally. These included gathering information, considering options, considering consequences of options, asking for help where necessary and thinking ahead. The importance of these factors in planning for future safety in relation to sexual offending was also explored.

Interestingly, one group member failed to take his paddle and the group was faced with having to improvise. The consequences for lack of planning were reinforced for this boy and for the group. Debriefing of this incident highlighted the importance of planning, including checking and rechecking and consideration of alternative plans.

Residential program four (December 1996).

The final adventure therapy program was designed to: 1) consolidate learnings from the final block; 2) recap/summarise the years experiences in the group program; 3) provide opportunities to identify/illustrate learnings/progress; 4) reward the completion of the years program. The program involved a three-day camp including a two-day canoe journey down the Nymboida River in NSW, which involved low-grade white water. Reinforced by their previous experience, group members again planned the food and equipment for the trip. This time they completed this successfully, demonstrating learnings from their last experience.

Throughout the program, facilitators highlighted any observed changes/learnings in individuals’ behaviours (including improved responsibility with camp chores, improved communication skills including negotiation between pairs in the canoes and increased awareness of others). Links were also made between negotiating the rapids and planning for future safety in relation to sexual offending. This included the importance of being able to identify risk situations and making decisions about how to manage such situations (including whether they should be avoided, or managed with thought and planning). The specific situations on the program, which provided these opportunities, were the more difficult rapids. Some of these rapids were assessed as too dangerous and participants had to walk the boats around them. Other rapids had to be walked first, with plans made on how to tackle them in canoes.

In processing, related situations for safety, including unsupervised contact with children, were discussed. Group members were able to identify similar situations where they chose to avoid this contact, or when they were able to use other strategies to manage them safely. Other issues in processing included the importance of asking for help when you need it, for example receiving instructions on suggested routes through the water. At night around the campfire we revisited our experiences during the year. We chose to do this using a storytelling method, recapping experiences, activities and learnings, and encouraging reflections.

General issues and benefits.

Having fun (play) was an important part of each program. This can help to relieve some of the stress and anxiety associated with dealing with their abusive behaviours. Moreover, it highlights other aspects of their lives and personality, other than offending.

All aspects of the program provided excellent opportunities for group members to practice new skills in communication, negotiation, problem solving, dealing with conflict, and general relationship skills. All activities undertaken, as well as meal times and free time, were important opportunities for more learning. The storming between group members also provided opportunities to practice these skills. When facilitator intervention was necessary, learning occurred through the feedback given and modelling of solutions to such situations, or working through them. Problem solving activities provided a useful tool for this, as the solution was dependent on their ability to communicate and negotiate and think about a situation. Other activities like bush walking, which doesn't require a large focus on the specific activity, are mediums, which provide useful opportunities for casual talk.

Given this, free time is a really important part of the residential programs developed. Partly this is about providing opportunities for developing and practising relationship skills, but also to increase feelings of confidence and comfort in each other from both spending time together and just having some fun (for example kicking a ball around). Free time also allows group members to have a rest (physically and mentally) so that they can be prepared for all the planned activities.

In general, some adventure-based activities provide very new experiences for young people. This requires them to stay in touch with their thoughts and feelings to assess the limits of how far to push themselves, and to safely negotiate and complete the activities. This provides a unique opportunity to facilitate the development of awareness of other peoples feelings, which can be witnessed in other peoples, joy, fear or sadness during activities. This in turn provides a unique opportunity for young people to practice looking after other people's feelings, for example by giving encouragement and support.

Evolution of programs

While the experiential learning model (The Outlook, 1995) provided a foundation for planning the adventure based programs, the model is also used in evolving the design of the adventure therapy programs. Staff invest time during and following each program debriefing and analysing strengths and weaknesses, how well objectives were met for both the group and individuals, and implications for individual follow up and subsequent adventure therapy programs. This review process has already impacted on the 1997 program. Changes implemented and planned include:

- A preparatory program consisting of three weekly two hour group sessions prior to the first adventure program. These sessions focussed on negotiating the working agreement and getting to know each other.

- More free time for socialisation.
- Some differences in activities undertaken including the addition of horse riding as an activity.
- Counselling sessions structured into residential programs where appropriate.
- The addition of two mid-block activities in the second and third block to increase program time, and to allow the learning of new skills (including the inclusion of canoe paddling training for a Basic Canoe Skills Certificate).
- Consideration of a residential program for the 'face up' process for 1998.

Considerations for the Introduction of Adventure Therapy

A number of factors need to be considered by agencies working with adolescent sexual offenders that want to incorporate adventure therapy into their program. Agencies must be clear about their objectives. It is important to be clear about what you want to achieve with these clients and what you want to achieve from the adventure therapy programs. One must decide if one is seeking to do recreation or therapy.

Agencies must consider the training of their staff. It is imperative that professional staff receive adequate training both in program design and facilitation, but also in relation to accreditation for hard skills activities, for example, low and high ropes. Staff also need to undertake first aid training. Such training can be both expensive and time consuming, but is essential for staff to plan and facilitate their own adventure-based programs. Alternatively, trained personnel could be contracted for specific programs.

Before adding an adventure therapy program agencies must consider the other resources needed to run a quality program. Whilst such programs vastly increase the intensity and time of the counselling program, increased staff hours also occur. This relates not only to the running of such programs (for example, on weekends) but also for necessary planning and evaluation sessions. Agency budgets would also need to extend to cover food for programs as well as any other necessary costs. It is also important to structure time out for staff on longer programs. At the core of any quality program is careful and full planning. This includes identifying objectives, decisions about activities to be undertaken, themes for formal processing, staffing arrangements, etc.

The final critical area to consider are the safety issues of running an adventure therapy program. It is important for safety issues to be well thought out. Staff must receive full first aid training. There must be a collection of medical information and contact details relating to all group members (this information must be readily available to facilitators, as well as left with an on call or emergency worker. There must be clearly identified non-negotiable rules relating to safety issues and participants must to commit to them. There must also be procedures designed for managing specific safety issues, eg guidelines for dealing with any sexualized behaviours amongst group members.

Conclusion

Adventure therapy provides a unique, creative and therapeutically significant way of working with adolescents who have sexually offended. Case studies confirm that many adolescents benefit therapeutically and personally from these experiences. What is essential to the program offered at SACS however, is the combination of adventure therapy with other counselling processes. These include group counselling, individual counselling and family counselling as a comprehensive vehicle for change.

Given the adventure therapy components are just one part of the overall counselling program, it is difficult to evaluate the impact and success of individual models that collectively comprise the adventure therapy initiative and group counselling program. Reviews of each of the adventure programs however indicate the programs easily meet the set objectives. Indicators used to reach such a conclusion include assessments made by facilitators from observations of the group members' behaviours and contributions both on the camps and in later group sessions, as well as from feedback from parents and the young people themselves.

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Section V

Working with Mental Health Concerns

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35

Wilderness Adventure Therapy in Adolescent Psychiatry

By Simon Crisp & Matthew O'Donnell

This paper provides an overview and illustration of developmental/psychodynamic approaches in wilderness-adventure therapy in the treatment of serious emotional, behavioural and psychiatric problems of adolescents. The Brief Intervention Program is used to illustrate a framework of multi-modal wilderness-adventure therapy as part of an overall mental health treatment approach. Case study vignettes are presented to illustrate individualised eclectic treatment interventions based on a developmental understanding.

Mental Health Problems of Adolescence

Developmental tasks.

Adolescence is a phase of development typically characterised by rapid physical, cognitive, social and psychosexual development. Table 1 summarises the key tasks of this phase. Periods of turmoil are experienced as the adolescent makes the transition from economic and emotional dependence on the primary family unit to broader social networks. Typically this is achieved via a shift of identification, affiliation and attachments from parents and siblings to the peer group (Lidz, 1983). Further, psychological maturation demands the capacity to develop intimate relationships outside the family. An overriding issue for adolescents is making this transition while both maintaining stability of identity but also extending their self-concept as they build foundations for future adult life.

Etiology.

Partly because of the critical importance to adult maturity of these developmental tasks, adolescence is a time of peak incidence of mental health problems. Indeed, many psychiatric disorders of adulthood have their onset during this time. Predisposing influences include things like stressful life events, the death of a family member, family crises or dysfunction, and traumatic events such as physical or sexual abuse. These incidents increase vulnerability to mental health problems because of the interruption to normal development they may cause. Frequently this can result in regression to earlier

Table 1.
Key Psycho-Social Developmental Tasks of Adolescence

Key psycho-social developmental task of adolescence
separation & detachment from parents and family
increased identification and attachment with peers
individuation through the development of autonomy, identity and moral development
development of a capacity for intimacy and sexuality
educational & vocational choice and completion
life-style choice

developmental stages as a means of coping, or forward development may become arrested. Commonly, this manifests in adolescents being unable to learn peer or adult relationship skills that are prerequisites for success in many important spheres of adult life. Table 2 summaries key issues involved in the etiology of mental health problems of adolescents.

Table 2.
Etiology of Mental Health Problems in Adolescence

Etiology of mental health problems in adolescence
rapid and tumultuous stage of transition which threatens to overwhelm the resources of the adolescent because of a *lack of adequate coping skills*
earlier developmental issues re-emerge eg. attachment issues, management and control of emotion, dependence and independence ambivalence, rejection and acceptance, etc.
trauma (such as abuse) or *significant life events* (such as loss or neglect) may interrupt or delay earlier development causing the adolescent to continue with age-inappropriate behaviour
stresses experienced at this stage of transition may cause the adolescent to *'regress' to earlier stages* in an attempt to cope

Where mental health problems in adolescents emerge, interventions should ultimately aim to assist the adolescent move towards normal development. In order to do this it is necessary to understand the nature of the problem as it relates to the adolescent's developmental status and history of life events. Further, it is important to understand the context of the problem such as the family, peer and educational situation and any other relevant issues including protective and housing needs, and substance use and criminal behaviour. Once assessment of these factors has been made then informed recommendations can be offered. A treatment plan can then be developed; negotiated with all involved, monitored and finally evaluated to determine if treatment goals have been met (Davis-Berman & Berman, 1994).

The Brief Intervention Program (BIP)

The Brief Intervention Program (BIP) is a unique adolescent mental health day program established in 1992 to provide integrated, community focussed intervention and prevention. This is achieved by meeting the mental health needs of adolescents with severe emotional, behavioural, social and psychiatric disorders in the community without the disruption of in-patient hospital admission. The Victorian State Government Department of Human Services provides this service free to any adolescent and their family residing in the northeast Melbourne metropolitan area.

Providing a community focussed service, the Brief Intervention Program (BIP) has extended adolescent mental health services into the community through non-invasive engagement of disaffected adolescents with severe mental health problems who represent a high risk group for the development of further psychiatric disorder and/or suicide. It has been awarded the Australian Hospitals Association "Community Outreach Award" in the treatment of adolescent mental health problems. BIP and has been highlighted as a model of best practice in the prevention of suicide in high risk adolescents by the recent Victorian State Government's Suicide Prevention Task Force (Suicide Prevention: Victorian Task Force Report, 1997)

Client characteristics.

Adolescents aged 13 to 18 and their families are particularly targeted where they:

- are currently experiencing, or most at risk of serious psychiatric disturbance,
- are victims of physical, sexual or emotional abuse,
- are adolescents, who in addition to the above are clients of welfare and juvenile justice systems,
- are homeless,
- have parents who suffer from mental illness or dependence on drugs or alcohol,
- have educational or vocational difficulties.

Table 3 is based on referrers' data, clients serviced by the Brief Intervention Program present at the beginning of the program and shows that *on average*, every adolescent has *six* of these significant difficulties. These difficulties are most commonly in the areas of peer relationship problems, school refusal, family issues, school behavioural problems, and low self-esteem. Experience of abuse (emotional, sexual and physical combined) effect over half the client group at 53%. Depression, suicidal ideation, aggressive behaviour, and adult relationship problems effect over one-third of the client group. This represents a high level of multiple and interactive presenting issues and needs and places these clients at high risk of suicide.

Table 3.
Frequency of presenting problems amongst BIP clients (n=101)

PROBLEM	%	PROBLEM	%
Peer Relations	65	Victim of Bullying	26
Family Issues	59	Substance Abuse	19
Low Self-esteem	57	Physical Abuse	15
School Behaviour	52	Chronic Life Instability	13
School Refusal	48	Self Harming	13
Learning Difficult	42	Sexual Abuse	12
Depression	41	Housing Prob.s	12
Adult Relational Problems	38	Family Mental Illness	11
Suicidal Ideation	36	Sexuality Prob.s	11
Aggressive Behaviour	35	Intellectual Disability	7
Anxiety	32	Eating Disorder	5
Emotional Abuse	26	Other	6

Pre-referral assessment process.

The Brief Intervention Program is an intensive therapeutic option for more seriously disturbed adolescents referred to the Child & Adolescent Mental Health Service (CAMHS) at the Austin & Repatriation Medical Centre. Referral is made by a clinician following the completion of an adolescent "Developmental Psychiatric Assessment". As mentioned, this forms the basis of treatment planning prior to, during and at discharge from the program. Typically, the following information is gained from four to six 60-90 minute interviews.

The "family interview" (1-2 sessions with whoever lives in the household) assesses the dynamics and relationships within the family including the skills and unity of the parents. This includes: 1) the family structure (including extended family), alliances, boundaries, cohesion, communication styles; 2) the family context such as family history and significant life events or stressors, trans-generational issues, developmental stage of the family and so on. The "identified client's" function and role within the family system is understood by seeking the family members' perception of the *identified 'problem'*

The "interview with the adolescent" involves understanding their 'world view' and their view of the identified problem (initial reason for referral). Information is sought about their life events, interests, hobbies, peer relationships, attitude to school, family and home life, future expectations and so on. An assessment of the mental functioning of the adolescent is undertaken to ascertain the quality of emotional states, dominant thoughts, concept of self, cognitive functioning as well as the presence of psychiatric disturbance such as mood disorders, anxiety, psychotic symptoms, and so on. Importantly, this information is put in context of the adolescent's personal history and description of the problem as they see it. Gaining an understanding of the quality of, and capacity for relationships is sought from the adolescent's response to the clinician.

Two "interviews with the parents" seek to gather information about all aspects of the adolescent's development from pregnancy onward. Information is gained about the medical, psychological, educational and social factors that have contributed to the adolescent's physical,. personality and social development. Furthermore, the marital/parental relationship is assessed for its impact on the development of the adolescent and the capacity of the parents to adapt to the adolescent's current needs. A history of the parents' family of origin, including own experience of childhood and being parented, history and status of marital relationship helps to understand how these factors may influence the parents style of parenting and their response to the current difficulties their child faces.

Interviews may also be held with teachers, youth workers and any other relevant significant others to gain information that may be pertinent to gain a full understanding of the presenting problem. Many adolescents may have little relationship with their biological family, so interviews are held with foster family or other significant others as appropriate.

Developmental diagnostic formulation.

From the above interview information a 'diagnostic formulation' is made which seeks to answer the question: "why has *this adolescent* (and family), presented with *this problem*, at *this time*?" This is achieved by relating factors, which have contributed to the problem in the biological, psychological and social realms within a framework of ever-changing development. Table 4 shows the matrix of factors, which contribute, to a developmental diagnostic formulation.

Table 4.
Developmental Diagnostic Formulation

	Biological	Psychological	Social
Predisposing Factors	eg. birth complications	eg. low IQ, emotional neglect	eg. marital problems, parental absence
Precipitating Factors	eg. onset of puberty	eg. traumatic event	eg. move to high school
Maintaining Factors	eg. poor gross-motor co-ordination	eg. depression & hopelessness, anxiety	eg. family economic hardship
Protective Factors	eg. good health	eg. insight into self, sense of humour	eg. support from extended family

In a final session with the adolescent and family, this formulation is fed-back with any appropriate treatment recommendations. This is done in a way that clarifies issues and presents a rationale for the treatment recommendations. Recommendations may include referral to BIP on its own or in conjunction with outpatient therapy such as individual, parent and/or family therapy.

Overview of BIP structure and time-frame.

The program comprises a closed group of 6-8 adolescents (13-18 years) over 10 weeks duration in parallel with school terms. Follow-up support is offered in following term at a frequency and duration that is appropriate for the need of the adolescent. The program is structured in three distinct phases: 1. engagement & orientation (week 1); 2. treatment (weeks 2-9); and 3. integration (week 10) & follow-up.

Key features of the program include:

- collaborative negotiation with adolescent & family of therapeutic objectives
- comprehensive planning and support for community integration from the outset of the program
- integrated weekly parent group therapy
- close liaison with all professionals and community services involved outside the department
- ready referral within the department to other therapy or services eg. long-term individual psychotherapy &/or family therapy
- multi-modal therapies with a high degree of integration of therapeutic components
- program dedicated multi-disciplinary team

Program components.

Program components are selected from the list in Table 5. A time-table of group and individual therapy is developed for each group based on the developmental level of the group (younger or older adolescents) and the pre-dominant issues that are most common to the majority of the group members.

Here wilderness-adventure therapy is integrated with other group and individual therapies through individual objective setting for the wilderness-adventure therapy component. Further, issues that arise in wilderness-adventure therapy are carried over into other groups as appropriate (such as psychotherapy group or cognitiye-behaviour therapy group) and vis-versa. A major emphasis is given to the rehearsal of skills and roles learned from conventional therapy during appropriate times in wilderness-adventure therapy to assist in the transfer and generalizability of those skills into all areas of the adolescents' lives. Integration of behaviour change, insights and group roles from wilderness-adventure therapy are reinforced and generalised into other BIP components through processing exercises in other groups such as drama or music therapy.

Changes are supported in the adolescent's home environment through individual therapy, which may set homework tasks, use role-play and so on. These changes are monitored over time and during follow-up post-program.

Table 5.
Program Components

Type	Typical Frequency
Individual Therapy	(1 hour) twice per week
Group Psychotherapy	(1 hour) weekly
Group Cognitive-Behavioral Therapy	(2 hours)twice per week
Wilderness-Adventure Therapy	1 day per week & two 4-5 day expeditions
Work Experience	1 day per week
Sex-Education, Relationships, Personal Safety Group	(1 hour) weekly
Single-Sex Gender Issues Group	(45 min.s) weekly
Self-Defence Training	3 sessions per program
Drama Therapy	(1$^1/_2$ hours) weekly
Group Music Therapy	(2hours) weekly
Living Skills Group	(2hours) weekly
Physical Education	(2hours) weekly
Recreation & Milieu Building Group	(30 min.s) weekly
Community Service	(2hours) weekly

Staffing.

BIP staff are qualified mental health professionals who have received specialist post-graduate training in developmental psychiatry as well as other specialist training in psychotherapy, family therapy, etc. Individual staff have additional training in group therapy in a number of different therapeutic modalities, for example group cognitive-behavioural therapy, group psychotherapy, music therapy, etc. Wilderness-adventure therapists (Clinical Psychologist and Occupational Therapist) are cross-trained in wilderness and adventure activities. The staff team is trained in many other non-speciality areas so content and methods are familiar to all staff to assist in integrating program components in a complimentary way.

Team composition is as follows: full-time Senior Clinical Psychologist (Director/Team Leader), full-time Occupational Therapist (Program Manager), half-time Clinical Psychologist and Social Worker, and two full-time Special Education Teachers. A Clinical Psychology Registrar (trainee psychologist) and a Wilderness-adventure Therapy Trainee both compliment the team on six-month placements.

Monitoring & evaluative research.

A detailed evaluation report of over 100 BIP clients is available from the authors (Kingston, Poot & Thomas, 1997). A summary of key features follows:

At Referral: An analysis of referral information for patient characteristics; psychiatric management needs and issues. Immediate Post-program Outcomes: Psychiatric symptomatology (Youth Self Report - YSR), coping behaviour (Adolescent Coping Scale - ACS), self-esteem (Coopersmith Self Esteem Inventory), life functioning (Life

Effectiveness Questionnaire - LEQ), etc. show a significant reduction in general psychopathology and an increase in self-esteem amongst other changes. Education / training placement outcomes, social adjustment, school adjustment, (teacher report) Housing, welfare, protective and family issues (case manager feedback)

Follow-up Outcomes: Immediate placement outcomes improved from 58% of the client group pre-program to 90% post-program. At 6-month follow-up placement rate was 72%. School refusal dropped from 34% of client group pre-program to 6% post-program and fell to 4% at 6-month follow-up. Behaviour status showed 31% of the client group were reported to have major difficulties pre-program, which reduced to 5% post-program and increased slightly to 9% at 6-month follow-up.

A Developmentally Based Framework of Wilderness-adventure Therapy

Given the complexity of client need, a highly individualised and eclectic approach based on a developmental understanding is most often used. A model of 'experiential reconstruction of developmental foundations' (Crisp, 1996) is used as the predominant approach along with other models such as cognitive-behavioural therapy, systemic, and strategic approaches. Here, regardless of the interventions and approaches used, they are based on, and compatible with a comprehensive developmental understanding and framework. The overriding aim is to address underlying causative factors (such as skill deficits or maladaptive inter-personal behavioural patterns) within the therapeutic constraints of the program.

Therapeutic premises of a developmental perspective.

Mental health problems result from gaps or delay (often after trauma) at one or more stages in an individual's development which significantly impede effective adjustment in that, and related areas. This occurs at the time as well as in subsequent developmental stages.

Developmental gaps or delay mean that the individual may be poorly prepared to meet his/her needs or complete future developmental tasks when older Lidz (1983). That is, individuals will show poor coping or adaptation, poor relationship skills, poor self-concept and self-worth, etc.

In a challenging, novel and projective situation (ie. wilderness-adventure context), individuals will relate to others in a more-or-less adaptive way to have their needs met (see Kimball 1993). This will highlight the adequacy of coping skills and highlight any developmental delays or gaps.

Some comments on therapeutic process.

What is unique to wilderness-adventure therapy is its experiential nature and its environmental setting. Therapy occurs typically through a process of forced adaptation on the part of the individual to the social-environmental situation that they are in. Given the holistic structure of many activities (which emphasise living skills, inter-personal skills, practical problem solving, etc.) there occurs a natural 'reconstruction' of the individual's developmental foundations as the individual corrects fundamental assumptions about him/herself and others (Crisp, 1996). Put another way, delayed, incomplete or unmastered developmental tasks can be learnt and/or rectified by tangible corrective experiences.

As most BIP clients present with relationship and related problems, re-experiencing corrective relationships with symbolic significant others such as mother/father figures, sibling figures, and so on becomes central to any therapeutic change. This means that the wilderness-adventure therapist holds a particularly important role in behaving towards each individual from an informed position so as not to repeat destructive past relationships which would only serve to reinforce the individual's view of others and themselves.

Psychoanalytic concepts of "transference" and "counter-transference" as well as more contemporary ideas of psychological defence mechanisms are particularly useful here. See Tippet (1993) and Salzberger-Wittenberg (1982) for a more detailed discussion.

A pivotal and unique characteristic of wilderness-adventure therapy is that when revisiting incomplete developmental tasks from an earlier stage, the application of higher level skills may be brought to old problems with newfound success. This is most clearly seen in adolescents who have rapidly developing cognitive and intellectual abilities. For example, a grossly deprived child some years later can provide shelter and nutrition for him/herself, or ask for and receive assistance as an adolescent and thereby counter formative experiences of neglect. Many aspects of extended wilderness expeditions have strong correlates with family life which gives a powerful opportunity for a corrective recapitulation of family relationships (Yalom, 1985).

Presentation of This Approach

Safeguarding the wilderness-adventure experience.

As discussed above, the wilderness-adventure therapist's knowledge of participant's developmental status from a comprehensive developmental assessment is both desirable to maximise his/her therapeutic impact and is important to design, construct and guide the wilderness-adventure experience toward the most appropriate therapeutic outcome. Another (albeit negative) way of thinking about this is that it is equally essential to be fully informed so as to know how *not* to traumatise your client, or further compound their problem.

While to most clients who have had well enough developmental progress, the wilderness environment is a wonderful or at worst a benign place. On the other hand, for those adolescents who are psychologically vulnerable, the outdoors can be a frightening place, and adventure based challenges may be a re-living of past traumas and clearly counter-therapeutic (Mitten, 1994). For example, strong encouragement to undertake a fearful challenge may be experienced as a repetition of an earlier abuse experience (ie. coercion or control). Similarly, symbolically or actually abandoning someone with poor attachment history can be experienced as a repetition of early trauma.

Eclectic wilderness-adventure therapy interventions based on a developmental framework.

Depending on individual client need, different and complimentary therapeutic approaches may be employed at different times within a wilderness-adventure therapy intervention. The four key paradigms used include 1) cognitive-behavioural therapy; 2) psychodynamic interventions; 3) systemic interventions; and 4) occupational therapy.

Cognitive-behavioural therapy.

Cognitive-behavioural therapy is based on the notion of reciprocal causal interaction of a) cognition, b) emotion and c) behaviour. Frequently, the aim of therapy for adolescents is to broaden the clients' range of responses to problematic situations. This often involves skill development in the following areas:

- anger management
- management of affect (emotions)
- communication skills
- conflict resolution
- problem solving skills
- assertiveness skills

An example of how this is applied might be an anxiety management strategy used during caving such as: a) the use of positive self-talk; b) challenging irrational beliefs about the situation; c) communication of need; d) asking for help from others; or e) using cognitive distraction techniques to minimise anxiety.

Psychodynamic interventions.

Typically involve the reworking past relationships with significant others such as parents and/or siblings. As stated above, a primary underlying assumption is that the client behaves according to unconscious needs and their expectations of the therapists and other clients ('transference'). This behaviour, and knowledge of the client's history informs therapists' responses to client behaviour ('counter-transference'). While theoretically complex, what is central to this approach is that the therapist's response provides a corrective experience, which helps the client resolve residual inner conflicts stemming from the experience of previous relationships. Additionally, the clients' unconscious perceptions, motivations, and drives may be understood and insight gained through the therapist's empathic interpretation of the client's inner experience. This can assist the client to form an understanding of the mechanisms and function of psychological defences, which may have been created at earlier stages of development as a means of coping.

Examples of this include: enacting a corrective relationship during an expedition, containing & not rejecting a provocative client with a history of neglect, providing assistance and support to a client who is excessively self-reliant, and providing consistent confrontation to a 'manipulative' client with a history of triangulation in the parental relationship.

Systemic interventions.

Systemic approaches may occur at many levels. At one level this includes case management of family and broader systems. At another level, the program milieu can be seen as a 'system', that is the interaction between therapeutic team and client group (eg. 'parallel process'). At yet another level, the group is conceptualised as a 'system', that is patterns of relationships and behaviour between clients. Finally, at the individual level, interventions may seek to assist the individual to develop more adaptive functions or roles within the group system.

The following are examples of systemic interventions during white-water rafting:

- directing group roles and the group composition of the raft
- after team-work failure in one rapid, prescribing different behavioural tasks or roles in the raft to assist the clients to successfully negotiate the next rapid
- removing a competent paddler from the group to increase commitment and communication between remaining group members
- separate-sex raft groups to enhance gender identification and equality

Occupational therapy.

Involves the use of purposeful activity to enhance mental health and competence in a broad range of daily living skills (personal, inter-personal, educational, vocational, etc.). Occupational Therapy aims to gain age-appropriate competence in developmentally relevant skills in including the following areas:

- budgeting
- time-management / personal organisation
- recreation
- self-care / health maintenance / diet / fitness
- transportation
- accessing educational and/or vocational options

Examples of Occupational Therapy include using base camp tasks to develop living skills by:

- planning and preparing evening meal within a time-frame
- responsibility for self-care by appropriate clothing selection and proper use of sleeping and shelter equipment
- negotiation of the division of tasks within the group

Case Vignettes in Developmentally Based Wilderness-adventure Therapy

Case 1: Rockclimbing as a Projective Assessment, and the use of Transference with a 17 year old Girl with Depression and Social Phobia.

Client: Rachel is a 17-year-old female only child born of an unassertive, socially awkward mother and authoritarian and domineering father. Rachel attends a co-ed local high school and is in Year 11.

Presentation: Rachel had been in day-patient treatment for severe generalised anxiety, social phobia, and depression with suicidal ideation, low self-esteem and perfectionistic traits. She had be refusing to attend school for three months because of social phobia and failure to submit school work

Wilderness-adventure Therapy Intervention: 1-day rockclimbing & abseiling trip, grade 8-10 climbs (end of 2nd week of treatment) 9 metre (Grade 8 - novice standard) top-line belayed climb. The climb consisted of a 2-metre granite slab (moderately difficult), thin ledge, which extended sideways, then 7 metre of parallel cracks with some handholds.

Rachel was given standard climbing and belaying instructions and directed to set her own hight goal on the climb. She was unable to get a foothold on the first 2-metre slab with decreasing effectiveness, becoming increasingly frustrated and helplessness. She laughed to disguise her sense of failure and frustration. She sought permission from the therapist to discontinue in the face of hopelessness. A peer suggested she avoid difficult start. Rachel deferred to the therapist (therapist used his 'counter-transference' to inform his response). Therapist responded "Sometimes it's okay to re-evaluate the rules you operate by..." Rachel walked around the slab, along the ledge then successfully completed the climb to the very top.

Outcome: Individual de-briefs found that this style reflected Rachel's approach to many other situations. Rachel was encouraged to use this solution as a metaphor for approaching other life situations where she 'got stuck', felt hopeless and gave in

Case 2: Abseiling as re-working of family relationships for 15-year-old boy with depression and substance abuse.

Client: Mark is a15 year old adolescent with an older sister (19) and older stepbrother (23). Mark's father was authoritarian, obsessional and emotionally distant and his mother was over-protective. Parents were very distant from each other. Mark lives in bungalow in the back yard, staying out all night smoking cannabis with peers

Presentation: had previous day-patient treatment for depression, drug abuse, stealing from family, socially isolated, severe and frequent epilepsy since childhood, school refusal, low self-esteem. He refused to go to school because of low self-esteem, academic problems, and social isolation. Mark was silent and withdrawn in family therapy (was talked about but did not speak)

Wilderness-adventure Therapy Intervention: 1-day abseiling trip, 15-metre abseil from flat ledge to over-hang.

Mark was relatively competent with abseiling in previous shorter abseils. He used a 'blind-fold' used to increase challenge. He was instructed to abseil over edge as normal - therapist offered no other directions. He began slowly, cautious and shaky in moving towards edge, lost balance at times asked by therapist how it felt, if this reminded him of his path in life in recent months? Would it be easier if others were able to give him advice? What was stopping him from asking for help, advice or directions? He then began to ask therapists at top, and then at bottom for directions. He successfully negotiated abseil to bottom with greater certainty and volition. Mark thanked both therapists for helping him through, while still owning the success.

Outcome: De-brief found that he avoided asking for help from parents because he got conflicting advice, none of which helped him with his day-to-day issues. After treatment he moved out with father and rebuilt bicycles together, returning to school.

Case 3: Abseiling as an experience of re-working severe attachment & separation anxiety in a 15 year old boy with attachment disorder, generalised anxiety, phobia & psychosis

Client: Adam is a15 year old boy with two younger siblings from severely chaotic and enmeshed family with multi-generation mental illness. He was raised by chronic schizophrenic father & grandmother in the absence of mother for last 10 years, mother suffered post-natal and recurrent major depression. Adam had long history of disrupted attachment and maternal unavailability.

Presentation: Adam had previous day-patient treatment for extreme generalised anxiety, range of phobias (inc. public transport), psychosis (NOS), including delusions of stunted growth, poor peer relationships, and learning difficulties. He was jealous of youngest brother, Adam had 'scapegoat' role in family. He was a victim of teasing and bullying, and extremely dependency on teachers at school.

Wilderness-adventure Therapy Intervention: Adam showed extreme separation anxiety in the previous overnight hike and camp. Abseil (4-5metre) with sloping ledge at beginning (2 metre) then vertical drop for last 3 metres.

Adam was highly anxious just watching others abseil, claiming "not going to do it..." He was encouraged to climb up behind dispatch area to watch ("bring gloves up with you...") and encouraged to clip on "just to see what it was like...." He was further encouraged to just try the first (gently sloping) face (2 metre). Adam insisted that the therapist follow him in close proximity down to edge. He got to edge of vertical drop and experienced a controlled panic and long hesitation/distress. He was encouraged to use anxiety management strategies (deep breathing, focussing, etc.). An interpretation was made about similar difficulty separating from father. He continued on his own with verbal support, past edge and away from therapist. He then appeared to experience high anxiety and then broke into laughter before reaching bottom

Outcome: Adam attributed his success as being contingent upon therapist's assistance. He was able to acknowledge self-sufficiency in spite of a new and fearful situation. Abseiling used as an analogy for further experiences demanding independence in ongoing therapy.

Conclusion

It is the author's belief that a developmentally based treatment approach with adolescents is most appropriate and effective in addressing their core mental health issues. This is commonly achieved because traumatic, insufficient, or incomplete developmental experiences can be corrected to the point of allowing the adolescent to complete the psychological and social foundations necessary to master future developmental tasks. This in turn can provide protection against future mental health problems and reduce the severity and impact on life functioning of any current psychiatric and related problems.

In order to be most effective in this way, a comprehensive developmental understanding needs to be gained from a thorough bio-psycho-social assessment of the adolescent and their family context. When an understanding based on a formulation of predisposing, precipitating, maintaining and protective factors is used to guide therapeutic interventions a truly individualised approach can be taken. Here a range of interventions can be tailored to meet each client's specific needs. Most commonly used interventions include cognitive-behavioural, psychodynamic, systemic and occupational therapy. In the author's experience, these interventions have been found clinically to be most appropriate and relevant to the specific developmental needs of adolescents.

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The Windana Therapeutic Community's Action Adventure Program

By Richard Price & Marijke DeBever

Case Study

Peter has a long-term history of heroin abuse. Over the years he had spent some time "clean," trying a number of residential and outpatient programs but eventually would return to drug use as day to day pressures would become hard for Peter to cope with. He had a list of theft and deception charges to his name - all relative to supporting his drug use.

Peter had other skills; he drove taxis, was able to operate a computer and had even worked in the drug and alcohol services. He had a lot of knowledge about drug abuse, but no social conscience regarding his own use of drugs. There was something missing, he may have been drug free for periods of time, but would eventually find himself alone and vulnerable to his old friend 'heroin'.

Peter spent nine months at the Windana Therapeutic Community, which included a 56-Day Action Adventure Program. It wasn't until he got into the recreational aspects of the program that he began confronting emotional issues relating to his fear of integration and social interaction - both relative to his self-esteem. Slowly Peter began to move away from his drug dependant lifestyle. "Life is about strengthening one's weaknesses", Peter sums up. "Personal growth comes with challenging ourselves to do those things we haven't done before. It was rational thoughts as these that were furthest from my mind as I looked down the 70 metre sheer rock face".

Peter took on a sense of ownership of the program. He owned new skills, had a sense of himself, responsibility, dignity and purpose. He had new peers - rather than friends he related to through drugs, and now he has the confidence to socially interact. Peter's focus is no longer about things he's done wrong in the past; rather it's on things he has learnt from his past and from his experiences at Windana. His focus is now on the future.

Introduction

The purpose of this paper is to enable you to journey into the world of adventure-based education in a therapeutic setting. The main emphasis will be on The Windana Society's 56 day Action Adventure Program and what we have learnt from our ongoing involvement in this. A great deal has been written about adventure therapy and therapeutic processes. We are not here to express new theories or make new claims; we are here only to inform you of what we are doing, what we have discovered, and where the future lies for us.

About the Program

The Windana Society in Victoria is an incorporated non-profit organisation which is a semi-funded government drug and alcohol agency aside from Windana's non-residential programs and external services. It also runs a therapeutic community some 60 kilometres outside of Melbourne, in a rural setting. All Windana programs are based on the holistic approach that looks at synergistic relationships between the physical, social, and spiritual aspects of a person.

Windana's belief is that growth is an ongoing process and that by providing a safe environment with a range of new ideas and experiences. Individuals can choose a new and more constructive avenue in life for themselves instead of the self-destructive and recidivist lifestyle of the past.

Those who participate in the Action Adventure Program must be participants of and residents in, the broader spectrum of the therapeutic community. Prior to this involvement, potential residents are involved in a short-term withdrawal program run in the heart of Melbourne. The therapeutic community provides a range of educational and therapeutic group sessions, such as relapse prevention, stress management, and harm minimisation. Each resident is assigned a primary counsellor who develops an individual treatment plan with him. A holistic approach is utilised throughout and residents follow a carefully designed diet to facilitate detoxification and recuperation. Windana also provides a comprehensive assessment for each client. The assessment covers not only their drug and alcohol use but also a holistic review of their physical and psycho-social circumstances. Each participant's length of stay is determined individually at his or her assessment.

The therapeutic community is a residential drug free rehabilitation program providing an environment for residents to develop changes to previous patterns of risk taking behaviour, so they can personally shape meaningful lives and assume self-responsibility. The therapeutic community continues with the holistic program that addresses independent re-integration into the wider community. The program addresses health and physical fitness, education, vocational, and re-integration support, as well as psychological, emotional, spiritual, and environmental needs. The regime includes individual and group therapy, physical work on the property, domestic routines, relaxation, art and craft, health and fitness, and an outdoor recreation program.

The Action Adventure Program

Participation in the Action Adventure Program requires residents in the therapeutic community to be involved during their residence. The Outdoor Recreation and Development Program follows a regulated pattern of three, two hour time slots per week covering health and fitness. Generally these sessions consist of aerobic workouts or tailored fitness programs. Additionally, each participant is able to work on their own issues related to health and fitness including body composition, exercise prescription, obsessive/compulsive behaviours, and related issues. Each participants increased level of fitness and health is integrated throughout the program. The Outdoor Recreation and Development Program is a practically based reintegration tool.

Every two weeks those seeking entrance into the Action Adventure Program have the opportunity to participate in a daylong adventure activity. Activities are conducted in rainforest, coastal or alpine environments and can include hiking, climbing, or kayaking. Participants learn and are able to acknowledge their ability to undertake and complete these adventure activities. An environmental awareness is created which perhaps did not exist prior to this initial exposure.

Every other weekend team building sessions are scheduled which enable eight members of the program the opportunity to explore issues of support, trust and other issues related to treatment. Each activity is framed metaphorically so that individuals are encouraged to support and be supported by their peers and the facilitator. These activities also allow participants to overcome emotional obstacles they experience when faced with physical challenges.

The development of both the Outdoor Recreation and Development Program and the Action Adventure Program concerns using adventure experiences as a therapeutic process to run adjunct to the mainstream methods within the therapeutic community, so as to achieve maximum outcomes from each individual. The Objectives of the Action Adventure Program are:

- To break through the defence of denial and the feelings of helplessness and hopelessness.
- To promote experiences which enable participants to become self-directed, curious, able to solve problems, and to be motivated.
- To promote a place for failure, for frustration, for success, and for beginning anew.
- To promote participants' movement towards gaining intellectual, emotional, spiritual and physical inner strength through experiences of reflection, self-discipline, self-assessment, self-respect, and the courage of deep inner conviction.
- To sharpen awareness of new ways and means of building relationships.
- To better the quality of living by developing skills of listening, reflecting, discerning, responding, and deliberating.
- To provide a better climate of trust where participants are free to express fears, needs, hopes, and visions.
- To provide ongoing experiences that prepare for rapid change and for coping with that change.
- To carry out an action in a particular instance and see the effects of that action in a particular instance through a new circumstance.

- To allow participants to move at their own pace and take responsibility for their own learning.
- To develop a greater understanding and appreciation of the vital interdependence of all elements of the earth, and a need to ensure that wise decisions about the use of the environment are made.

Preliminary Program Evaluation

Recreation and adventure activities as a therapeutic tool are an integral part of the Windana Program. The program was first evaluated in 1992 after two programs had been run successfully conducted. A pre/post test quasi-experimental design was used for this evaluation. Nine participants took part in the '92 56-Day Action Adventure Program and seven residents of the therapeutic community were used for the comparison group. Both groups were involved in pre-trek training which involved dayhikes, overnight treks, a fitness program, some field training in navigation, cooking, setting up camp, and equipment use. The participants in the Action Adventure Program experienced challenging weather conditions and terrain in such areas as the Victorian Alpine areas and activities including rockclimbing and abseiling at the Arapilies. Participants also retraced the steps of Burke and Wills in the barren outback of the Strezlecki Desert. The group that remained behind at the therapeutic community were no longer involved in extended outdoor activities.

Two measures used in this evaluation. The first measure was Hammer's (1988) "The Coping Resource Inventory" which is a sixty item instrument that measures coping strategies in cognitive, social, emotional, spiritual/philosophical, and physical areas. The second instrument was Coopersmith's (1990) "The Self-Esteem Inventory" a 25 item instrument that measures self-esteem in the areas of family, social, and personal. Statistical analysis was not conducted for either measure though post-test scores on both measures for the group that participated in the Action Adventure Program were higher then those who remained in the therapeutic community. The results indicated that Action Adventure Program was beneficial in developing both coping resources and self-esteem. No conclusions were drawn from this initial evaluation; but it did support the use of extended expeditions in the program.

Current Program Evaluation

In 1996 another trek was organised in conjunction with the Australian Therapeutic Communities Association Conference. A decision was made that participants would be chosen from states throughout Australia and New Zealand, and that the trek would finish on the last day of the conference. This program differed from those held previously in their content and approach. The primary differences were in our decision:

- To include all of the residential community.
- To work more closely with mainstream therapies already in place in the T.C.
- To have a more self-empowering focus through education.
- To have a more therapeutic process.

The selection criteria for the Action Adventure Program remained consistent with previous programs, in that only those from the Windana therapeutic community could participate. In order to address the possible disappointment an applicant may endure if not selected for one of the ten positions available, applicants are required to supply a written application too. In this application participants need to address what they hope to acquire through participation in the program and what they would acquiring these benefits or skills if not selected.

The participant selection for the '96 Program specified that it was important for all participants to have done some time in the therapeutic community, to be working on issues of recovery, to be relatively fit and healthy, and that their individual counsellors saw it as beneficial for the participants to be involved in such an activity. The gender balance became relevant to equipment sharing hence four females and six males were chosen which was also in line with safety ratios of one leader to five participants during all activities.

One of the challenging aspects of this project was taking out ten people who had not met before and engaged them in an adventure experience, which would create a supportive group in which members could trust and rely on each other. The nature of the activities demanded that participants could work together effectively, as the activities could not be accomplished if members operated independently. It was imperative that they could place the group's safety as their first priority.

The program was run at the camp some 100 kilometres north east of Melbourne just over the divide and central to most areas where activities were to be held. The activities for the program included:

- Two weeks of initial fitness training and orientation (this included initiative activities, trust, team and leadership building, low ropes, rock climbing, day hikes, practical theoretical information about basic first aid, environmental awareness, use of equipment use, and navigation)
- One week on a coastal trek.
- One week on an alpine trek.
- One week rafting.
- Two weeks travelling to and trekking the Strezlecki Desert.

The final trek through the desert involved walking some 120 kilometres in 5 days. One of the main objectives during this final expedition was to stretch participants coping capacities through physical endurance. This was the catalyst for a therapeutic process and therefore it was specifically designed to be physically demanding. Participants were also able to put into practice the survival skills they had learned during the program, as this was very much a part of the final trek.

A program evaluation was conducted using the Life Effectiveness Questionnaire (LEQ-H) by Neill & Richards (1996) to assess the functioning of individuals before and after the Action Adventure Program. The LEQ-H was developed through the University of Western Sydney to evaluate the outcomes of adventure education programs. It has been standardised and normed with a number of adventure programs in Australia.

The LEQ-H is a 24 item instrument which proports to measure eight dimensions (e.g., time management, social competence, achievement motivation, intellectual flexibility, task leadership, emotional control, active initiative, and self-confidence). Table 1. presents the mean pre and post test scores for the total instrument and the subscales. The value of particular interest is the effect size, which is a measure of how much change occurred. Table 2 presents the standardised cutoffs for effects sizes on the LEQ-H.

Table 1
Effect size analysis for the LEQ-H

Var.	Mean		Std. Dev.		Minimum		Maximum		Effect Size	Rating
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Change	
TM	5.17	5.50	0.75	0.69	4.67	4.67	6.67	6.67	0.46	High
SOC	4.39	4.94	1.54	1.00	1.67	4.00	6.33	6.33	0.43	High
AM	6.22	6.78	0.86	1.05	5.00	5.00	7.33	8.00	0.59	Very High
IF	5.11	5.28	1.64	1.54	2.67	2.67	7.00	7.00	0.11	Below Average
TL	4.83	5.44	1.53	1.36	3.00	4.00	6.67	7.00	0.42	High
EC	4.11	5.00	1.78	0.82	2.00	4.00	7.00	6.33	0.68	Outstanding
AI	6.78	6.33	0.91	1.65	5.67	3.67	8.00	8.00	-0.35	No Change
SEC	6.11	6.22	1.36	1.07	4.33	4.67	8.00	8.00	0.09	Below Average
Total	5.34	5.69	0.63	0.76	4.38	4.58	6.04	6.75	0.50	Very High

Note: N = 6 pre & post

Table 2
Standardized Effect Size

Effect Size	% Change	Change Rating
below 0	below 0	No Change
0 to 0.55	1 - 25	Doubtful
0.056 to 0.165	26 - 75	Below Average
0.166 to .0275	76 - 125	Average
0.276 to 0.385	126 - 175	Above Average
0.386 to 0.495	176 - 225	High
0.4696 to 0.605	226 - 275	Very High
0.606 to 0.712	276 - 325	Outstanding
0.716 to 0.825	326 - 375	Very Outstanding
0.826 to 0.935	376 - 425	Exceptional
above 0.935	above 425	Very Exceptional

Evaluation of the effect sizes for the program reveals that overall a "very high" degree of change was achieved by the participants. In examining the program objectives, it was encouraging to see that change in the area of social competence was reported as "high". Increased social competence would be indicative that participants sought had a better ability to learn from each other and contribute to the creation of a supportive and social environment. This may well result from the greater amount of social interaction necessary for effective participation in an adventure experience. The reported improvement in social competence, if sustained, should be a valuable gain for the participants as they face future challenges. Also included in the "high" range were the areas of time management and task leadership, which relate to the goal of teamwork and suggest that participants were able to be better members of the team. The participants' self-reported increase in their ability to manage time might also suggest greater sense of self-sufficiency. The "outstanding" and "very high" rating results in the categories of achievement motivation and emotional control suggest an increase in the participants' motivation to achieve and succeed. This is an indicator that their ability to push limits and overcome obstacles may have improved and that they are perhaps less fearful and stressed under challenging circumstances.

Non-significant changes were found in the dimensions of self-confidence, active initiative, and intellectual flexibility. The 'below average' findings for self-confidence and intellectual flexibility may be partly explained by the standard deviations for these scores. Because of the small n and the dispersion it may be difficult to detect effect size. A larger sample size, on the same program, may well have allowed for detecting smaller effects. The "below average" results for intellectual flexibility are not an unexpected finding given that development of thinking skills was not an established objective of the program. Hence it would not be expected to find a significant effect in this area. The most puzzling result is in the area active initiative. It is difficult to explain why there was "no change" and in fact a negative change. One possible explanation might be found in the nature of adventure experiences which had all participants engaging in a range of completely new and challenging (perhaps perceived as dangerous and threatening) activities. A further explanation might be found in that participants in this program are a part of a larger treatment process. Participants may have approached this with a "treatment" mindset, which is often one that does not foster taking initiative.

It must also be emphasised that the results of this study are by no mean explanatory. This is a pilot study at best. The small sample size and lack of follow up make the results of this study exploratory at best. Future research would be helpful to determine whether the changes were sustained, or a function of what is known as "post group euphoria". Many participants after an adventure experience have a positive feeling about themselves, the group and the experience, which often dissipates after the program. Nevertheless, the results are encouraging, as they reveal an overall increase in the areas the program is designed to address.

The Future of the Program

It is often asked why wilderness programs have the impact they do on participants. Possible explanations can be found in some of the common elements of extended wilderness adventure programs, which usually offer a combination of elements including:

- The trips often take place in a remote, natural wilderness environment, which is inherently valuable in terms of the connection to the natural world (Miles). This time away can also present an opportunity away from entrenched behaviour patterns and negative peer cultures.
- The trips are often designed to require participants to commit to the trip and the group. In fact, at times participants have few other options but to continue on the trek.
- The physical nature of the trips usually result in improved physical fitness and sense of well being.
- The group processes involved in outdoor activities provide an opportunity for participants to work on developing skills in in cooperation and trust.
- There is a degree of challenge and risk, which for many substance-abusing participants is an important part of their way of life. Adventure programs provide a healthy approach to engaging with risk and challenge. Other participants may have missed out on a sense of adventure in their lives; these

treks can provide them with an opportunity to experience this adventure. In both cases the risk and adventure can be something that draws participants in.
- Completion of many of the tasks on these trips generate a sense of achievement especially when it is clearly evident that the outcome is due to the individuals' and groups' own effort.

A number of studies have explored the value of challenging outdoor experiences. Much of this research suggests a substantial increase in self-esteem and a reduction in re-offending rates (Ewert, 1982). Self-esteem has been linked to drug using behaviours and in a study by Abbott (1991) involvement in an adventure reduced re-offending rates by as much as half. The benefits of wilderness adventure programs are not only for the participant in increased self-esteem and reduced drug behaviours, but can also result in substantial cost benefits to society. More effective treatment can reduce relapse rates and the problematic behaviours associated with substance abuse (crime, prostitution, etc.) which would benefit society in numerous ways.

One of the challenges facing this project is to continue to evaluate its effectiveness and develop the program fully. But before we take steps to expand the Action Adventure Program it has to been seen and operated as a part of a larger therapeutic process. This concept was highlighted by a judge in the U.S. Department of Justice in 1981 when he said, "Despite having some plausible, theoretical, or conventional basis, wilderness programs without follow-up into clients' home communities should be rejected on the evidence of their repeated failure to demonstrate effectiveness in reducing delinquency after having been tried and evaluated" (Gass in Miles & Priest).

The Action Adventure Program is still viewed as a unique experience for the participants and as a part of the therapeutic process, but not as a fully integrated part of the treatment process. In order to improve the program we must focus on: 1) a greater capacity to work more closely with the individual within the ongoing treatment process; and 2) a strong re-integration focus on issues on employment, social, recreational, and spiritual needs after the wilderness trek. Our plan is continue to build the Action Adventure Program into the existing Windana structure. Over the next two to four years it is our vision to have an adventure program up at running as a fully integrated and integral part of the therapeutic community and of the larger treatment process.

Note: Authors did not provide a Reference list

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Adventure with Adults Living with Psychiatric Disabilities

By Bridget Roberts , Shane Horwood, Nic Aunger, & Michele Wong

Introduction

The purpose of this paper is to share with you the way we use outdoor adventure in our service for people with psychiatric disabilities. We will explore the boundary area between what we do and the principles and practice of adventure therapy. Our hope is to inspire others in this field to provide our kind of service to people with a psychiatric disability, whose needs have been neglected. This paper will focus on Out Doors Inc.'s Going Places program. We will provide some background information about psychiatric disability in Australia, about our program as a way exploring the boundaries of adventure therapy. In the ten years of Out Doors' existence we have found that outdoor adventure experiences can offer an excellent medium for people's rehabilitation and recovery from psychiatric disability.

About Outdoor Adventure Education

There are a number of central elements of outdoor adventure education that we believe support its use with people with psychiatric disabilities. These elements include:

- It Provides alternative environments, circumstances, activities and opportunities (i.e., a fresh chance for people to succeed at something).
- It can broaden life experiences of people, thereby offsetting a narrowing of experience due to such things as mental illness, social disadvantage and disability.
- It provides experiential learning through active participation in and reflection upon real situations, complementing and/or enhancing more passive approaches to rehabilitation and training, such as discussion, introspection and analysis.
- It is able to challenge a person at the level of their ability, and to build upon the challenge from that point.
- It remains essentially self-directed (a person can choose to climb a rock or not).

- It has a positive status in society, is attractive and can be structured to ensure success via gradual, supportive and flexible programming.
- It challenges stereotypes and introduces new possibilities for people.
- It provides people with significant positive memories - the building material of peoples' psyches.
- It develops important living skills and abilities such as planning, time management, problem solving, organisation and preparation.
- It provides access to recreation and choices, which is the right of all people.
- We will illustrate how we utilise these elements in our programs.

Background

First we would like to introduce you the people we work with. They are adults of all ages, backgrounds, skills, life experiences and interests. They could be you or your friends or relatives. What they have in common is that they have experienced some form of mental illness or disorder. This experience has affected their ability to function to their full potential and has left them with varying degrees of psychiatric disability (VICSERV, 1995). There is an important difference between mental illness and psychiatric disability, which is very relevant to our view of the use of the term adventure therapy.

People with a psychiatric disability may no longer suffer the symptoms of mental illness, or they may experience episodes. They may be taking medication for their illness and/or seeing a psychiatrist, psychologist or case manager. They all have lasting issues such as:

- low self esteem
- difficulty in forming social relationships
- isolation
- lack of education and training (particularly if mental illness has arisen during teens or early twenties)
- low motivation
- low tolerance to stress
- extremely high levels of fear, confusion and passivity
- the unwanted effects of anti-psychotic medication (such as weight gain and low motivation)
- life on the poverty line
- the social stigma of mental illness

People with a disability seek rehabilitation options, ie services that are made available so that people with a disability may learn to adapt to their world. This in essence describes the word "re-habilitation." Services can include housing, employment, educational, and recreational programs. Out Doors programs operate in this area of disability rather than the area of mental illness.

The needs are widespread and growing for the clients we serve. There has been a shift in mental health policy in Australia and New Zealand, which has meant the closure or scaling down of mental hospitals. The provision of services has been shifted to community based services. Many more people with severe psychiatric disability are living in the community, whether they are in supported housing, with family members or in independent accommodation. A number of adults with psychiatric disabilities live in rooming houses or homeless shelters and receive few services.

Community based services, both government run and community managed, are many and varied. Services in the state of Victoria are better funded than in other states, but still have a long way to go to meet basic needs. The Burdekin Report, (Human Rights and Equal Opportunity Commission, 1993) reports on the outcome of a major 1993 investigation into human rights and mental illness contains many recommendations which have yet to be addressed fully.

In the last few years the concept of recovery has gained more prominence as an alternative way of viewing psychiatric disabilities. The ideas of recovery have been well promoted by William Anthony, Patricia Deegan and others at Boston University. Recovery does not mean that suffering has disappeared, all symptoms are removed or all functioning completely restored; but rather that recovery is "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles" (Anthony, 1993, p. 11). Patricia Deegan (1988) says that the purpose of rehabilitation programs is not to get people rehabilitated, but rather to "create an environment in which the recovery process can be nurtured like a tender, precious seedling" (p. 11). One part of creating this environment is to offer people a wide variety of rehabilitation programs from which to choose, as each person's journey of recovery is unique. Recognising the value disabled people can offer each other is also necessary in creating this environment.

About Out Doors

Out Doors Inc. is a community-managed mental health organisation, which was formed in 1987 to provide a psychosocial rehabilitation service to adults with mental health needs. We run a range of programs using outdoor adventure and other quality recreation experiences. In the last four years we have received three Mental Health Service Achievement Awards at the Mental Health Services Conference of Australia and New Zealand in recognition of innovative and excellent programs.

Our belief is that play, recreation, and outdoor adventure help to integrate mind, emotions and body and are valuable parts of an holistic approach to personal development and mental health. Our program's philosophy and practice are based on a set of principles for psychosocial rehabilitation first adopted in 1985 in the United States by the International Association of Psychosocial Rehabilitation (Cnaan et al., 1988). These principles can be seen in the reason Out Doors was established in 1987. These purposes include:

- to develop, organise, conduct and evaluate services to improve people's mental health, with particular emphasis on people with a psychiatric disability;
- to use outdoor adventure education as the main vehicle for providing rehabilitation and integration;
- to develop, organise, conduct and evaluate education and training programs for people involved in improving mental health;
- to provide an information, referral, resource and research service;
- to promote the value of outdoor adventure education, recreation, and people's mental health needs.

In the development of our organisation and its services, we attempt to highlight a number of rights often overlooked or not seriously considered when working with people with psychiatric disability. We pay direct attention to these rights in our planning and programming. These rights include:

- the right to be considered as a person with potential, abilities and a future (not just the right to maintenance and support);
- the right to participate in experiences which our society gives a high value and status (not just what is cheapest and the least trouble;
- the right to adventure (not just the numbing evenness of medication);
- the right to be challenged (not just the right to be protected at all costs).

About the Going Places Program

Going Places program provides opportunities for quality recreation, education, and personal development, which may help each person on his or her path to recovery. The main medium of learning is outdoor adventure. Going Places is a statewide program. It has worked effectively with a great number of both non-government and government mental health services around Victoria, providing support and assistance by running a range of outdoor activities for periods ranging from one day to four months. We tailor activities to the capacities and expectations of the particular group utilising our service. Going Places is also involved with providing information, education and training for all people concerned with improving mental health, including people with a psychiatric disability, their carers, volunteers and paid workers.

The longest Going Places program is a four-month experience, which we have run ten times. Because of its length and intensity this could be considered to have a deeper effect on participants than our shorter programs and thus closest to what some may call therapy. We would like to share the experience of one of our clients on this four-month program. Shane Horwood participated in the program about five years ago and has gone on to contribute to running the organisation and editing the newsletter. He is one of the authors of this paper this is his story of his experience of the program:

> When I look back on my experience with Going Places I think of myself as before and after. Before I was a mess. I was living in a world that didn't make sense to me or anyone else. It was full of doctors' appointments and pills. The doctors could not give me the answers I was looking for and the pills made me feel terrible. It seemed to me there was no way out.
>
> Then one day I decided to call Out Doors after seeing their poster at the clinic I was going to. I always liked camping and bushwalking so I rang the number. That was my first challenge. The person on the other end was welcoming and positive. Result: happiness.
>
> My next challenge was to go to information day. I saw slides of people canoeing, abseiling and skiing but they were different from the other people I had met at the clinic. Why? Because they were smiling. Result: sense of wellbeing.
>
> Then I heard people talk about their experience and how their lives had changed and I thought "Wow!" maybe this could happen to me too. Result: hope.
>
> My next challenge was tc write them a letter about myself. When you've been labelled schizophrenic so many times it's hard to see yourself as more than that. But I wrote the letter anyway. Challenge accepted and completed. Result: happiness

> Then came another challenge. Come in for an interview. I was offered tea or coffee and had a chat. Result: feeling of acceptance.
>
> I was accepted by Out Doors onto the four month program and I was accepted by the other participants - some sooner than others but they were doing the same as me. They were getting to know themselves. Result: new awareness and confidence.
>
> With the help of my support person I set goals like surviving an overnight bushwalk and completing the whole four months. Then I set goals like going back to school and getting a job. Confidence came from abseiling a 20-metre wall. I had stared death in the face and won. Later a big achievement was learning to ski. A sense of belonging came in which I could identify myself as "one of the Going Places lot."
>
> My mind had been telling me I was the Devil. A sense of reality and reassurance came from discovering that another participant thought he was God. I knew he was wrong, so we both must have been. We understood each other's experience and helped each other. I realised I was not some crazy person with no future but someone who could set goals and meet them and could function in the community as well as anybody. I could do things. I could have good days as well as bad days.

Program Structure

The four month program is run for a closed group of twelve men and women aged 18 and upwards, broadly fitting the category of being disabled by a mental illness. Selection criteria include that participants are willing to commit to the whole program, can manage their own medication if any, and will choose and work with a trusted support person during and after the program. The gender balance is equal. People find out about us from posters and leaflets or from their case managers, and they apply on their own behalf rather than being "referred."

The four months are structured so that participants attend at least four days a week. Six camps of varying lengths are spread throughout the program, with the level of challenge gradually increasing as we move from lodges or cabins into tents and tarps. We sequence activities gradually and carefully to accommodate people's generally low levels of fitness and confidence. We focus on abilities rather than disabilities and on the acquisition of skills using the experiential learning model. We usually manage to include an introduction to bushwalking, camping, canoeing, whitewater rafting, rock climbing and cross country skiing.

Participants are aiming to be more self-sufficient and to be able to live, work, learn and play with others. Time at our city base is spent on planning and preparation for camps, reviewing and evaluating progress through discussion, active reflection (through, for example, theatre-based activities) and journal writing.

The transfer of learning is an important theme running throughout. We seek to ensure that on selection the participants understand the potential relevance of the program to their lives. We rely heavily on Kolb's model of experiential learning. During the program we work on developing the support person's role. This involves not only supporting the participant through the highs and lows of the program but also assisting with goal setting and, after the program, helping the participant to achieve those goals and move on. We only use public transportation so that participants can learn how to access the outdoors and adventurous activities independently. Participants are put into contact with relevant community organisations. Finally, we provide three follow-up days, at one, three and six months after the program. Through these methods we seek to help our clients fully integrate their Going Places experience into their lives.

The Role of the Workers

The workers on this program are facilitators and educators who when appropriate take on the role of technical skill instructor. We aim for a forward looking, participant-centred approach. Our background skills in education, recreation, outdoor leadership and community development are complemented by short courses and on-the-job training in working with people with a psychiatric disability. We learn much that is valuable from the feedback that our participants give us.

We make it clear that we are not part of the medical system, we cannot provide "treatment" or "therapy." This helps to ensure psychological safety; people approach us on the level of the contract we have with them. They essentially direct the degree of support or intervention that we provide. For many this in itself is empowering as they often say they cannot talk openly to medical professionals (e.g., occupational therapists and nurses) because they are afraid that any negativity will be seen as a symptom and will lead to an increase in medication. In deeper matters, they are usually clear that we will offer a simple human presence, that we will listen, that we will see them as people not as pathologies and that we will retain hope for them at times when they are losing it. (Watkins, 1996). Participants are also aware of how to obtain medical services when they need them, and we are never more than a day or a mobile phone call away from specialist help.

In none of our literature or public promotions do we describe what we do as therapy or even therapeutic. The First International Adventure Therapy Conference presented us with an opportunity to question and clarify why we have made this choice. In the first place our service is not clinical and we do not employ therapists. We are; however, professionals committed to high quality ethical practices, which are based on sound principles. When we first came to work in the mental health field we would have been quite happy with calling what we did adventure therapy as therapy suggested to us, healing, gentleness, enjoyment, massages, essential oils, spiritual peace, but no more. People we work with who have experienced mental illness associate the word therapy with compulsory treatments, with the loss of personal dignity, with the therapist's exertion of power over them. The therapist is a professional wearing a professional mask, and the person receiving the therapy is labelled as a schizophrenic or whatever their diagnosis is.

We respect therapists, their expertise and their efforts to undertake person-centred rather than illness-centred therapy. The fact remains that people who have experienced mental illness generally have a negative perception of therapy. There has been a regrettable abuse of the word as in 'electro-convulsive therapy', 'aversion therapy' at one extreme and 'shopping therapy' and 'pet therapy' at the other (Szasz, 1978). The word itself would not enhance our credibility nor make us seem more professional. At present, it would also not ensure that our services become a tax deduction or qualify for health benefits. Rather, it would make people suspicious of our motives. After experiencing our program people might look back and see it as therapy in a positive sense, but initially the word would have put them off especially for our clients who have a tendency towards paranoia. There is a difference between describing something as therapy and having it prescribed for you (Trowbridge, 1988).

We understand that the concept of therapy being applied during adventure experiences can be useful for some people at some stages and it might be all-important to their wellbeing. However, we think that the essential nature of adventure must be preserved, that it is a state of mind created when a challenging activity is freely chosen, self-directed and intrinsically motivating. People will have adventures when they are taking control of their own lives and becoming more self reliant and interdependent with other people. Therapy can all too often place the person in a passive role.

We feel that in our work we need a term other than adventure therapy. "Psychosocial rehabilitation through adventure" may be accurate but not inspiring. What we try and use is the language of learning, of hope, of personal dignity, of self-determination and of recovery. Our main concern is that we at Out Doors need a term, which does not have medical connotations. For now we talk of rehabilitation, education, recreation and adventure. We listen to participants to find the day to day language that will sustain our credibility with them and hope this will lead to a more appropriate word then adventure therapy.

If this and future adventure therapy conferences lead to the professionalization of adventure therapy, and this means more funding, more services for people who need them, more opportunities for training and better recognition, then we can only welcome that. We believe however that the need for professionalization in what has been called adventure therapy should be questioned. McGill and Hutchison (1992) have clearly outlined the limitations of increased professionalism in an analysis, which is directly relevant to people working in the area of adventure.

We share much common ground with who call what they do "adventure therapy," but our type of service will remain at the boundary areas of this field. We look forward to supportive and open relationships with everyone using adventure as a medium because we need to listen to one of the main demands made by people with mental health needs: that professionals work together to provide continuity of service and a range of choices for people in a way which respects them as the experts in their own lives.

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Section VI

Working with Families

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Families at Play: The Dynamics of Intervention

By Scott Bandoroff, Ph.D. & Andrea Parrish, M.A.

Abstract

As families evolve in their developmental cycle, they often experience instability, especially around periods of transition. The lack of stability may foster fear and confusion, leading families to revert to past, familiar ways of functioning. Families that are unable to adjust to changing demands and shifting roles, inherent in the process of maturation, may find themselves embroiled in conflict. Practitioners working with multi-problem families often find themselves limited by the family's process. Adventure activities can be a powerful method for engaging difficult families, creating new possibilities for the therapist and family.

Introduction

The use of adventure programming with families has increased tremendously during the past ten years. Like traditional adventure activities, adventure interventions with families have been well received for their capacity to fully engage participants in dynamic interactions that create therapeutic movement. These activities have been especially powerful as assessment tools as they invite families to stage enactments where their behavior patterns and family structure become quickly evident. There have been a number of articles developing a theoretical foundation and practical applications for adventure family therapy. Gass (1993) outlined how adventure strategies integrate with strategic and structural approaches to family therapy. Gillis and Bonney (1989) discussed the use of adventure activities within a psychodrama format in working with couples. Gerstein and Rudolph (1989), as well as Gillis and Bonney (1986) documented the use of strategic family approaches within an adventure curriculum. Bandoroff (1991) provided a detailed account of the theoretical basis for adventure family therapy, drawing from structural family therapy, brief therapy, and multiple family therapy.

Theoretical Foundations

The adventure family experience entails many of the same processes and advantages as standard adventure therapy. Gass (1990) writes, "...it turns passive therapeutic analysis and interaction into active and multi-dimensional experiences" (p. 3). The holistic nature of the experiences provide physical, affective, and cognitive interactions for examining family patterns and beliefs (Gass, 1990). The family is placed in an environment that requires healthy family processes for successful adaptation. The challenges with which they are confronted require effective communication, trust, and good problem solving in order to be overcome. This demands effective structure and intimacy, which increases family cohesiveness and adaptability.

The unfamiliar environment raises the level of emotional arousal and constructive anxiety of the family. Thus, intensity, as Minuchin (1981) defines it, is automatically increased to a level that is difficult to achieve in a traditional therapy situation. Gass (1990) notes that the unfamiliar environment also decreases families' strong resistance to treatment and change. He explains that the absence of expectations and preconceived notions of success creates a non-risk atmosphere where families can explore problems instead of being overwhelmed by them.

The unfamiliar tasks presented to the family provide the therapist with clear representations of family interactions. Many of the problems encountered by the structural family therapist, identified by Minuchin (1974), are alleviated in adventure family therapy, such as gaining acceptance into the family structure, failures to recognize family subsystems, and the possibility that verbal techniques will not reveal critical issues (Gass, 1990). "This experiential process causes family members to actually display their structure, behavior patterns, rules of interaction, and methods of communication in accomplishing this task" (Gass, p. 12). This information is also available to the family as consequences provide clear and accurate feedback. The family receives vivid representations of positive as well as negative behaviors (Gass, 1990). Obstacles to the therapist joining the family, such as mistrust, are greatly reduced by the informal setting, the natural engagement elicited by the adventure activities, and the success orientation.

Through the use of metaphor, the adventure activities play a key role in freeing entangled families. The task must be framed in such a way that it resembles a family problem so that the activity begins to acquire symbolic meaning as a metaphor for the family. During the process of completing the activity, the exercise and the metaphor become one (Gass, 1991b). The task itself can be tailored to meet the needs of a particular family. For example, a dominant parent may be instructed that he or she can only communicate through their spouse. This experience provides the family with an opportunity to assume new roles and respond in ways that expand their typical patterns of interaction, reframing the problem in the process (Gillis & Bonney, 1989). Moreover, the symbolic nature of the activities creates rituals, which punctuate the changes in structure and anchor therapeutic gains.

In order to help troubled families achieve competence; an understanding of healthy family functioning is necessary. The area of healthy family process is relatively undeveloped due to the focus on pathology in the field of mental health. Families face a multitude of stressors from life events and normative developmental transitions. Ultimately, their adjustment depends upon the family's resources (Walsh, 1984). It is important to recognize that family resources are not the exclusive domain of healthy families. Imber-Black (1986) stresses, "All families are problem solving entities" (p. 148). Any existing family, whether healthy or dysfunctional, has solved thousands of problems, utilizing the resources of individual members and the collective resources of family and friends. The resource model of family therapy views therapy as a process to facilitate or mobilize a family's creative capacity to solve problems, effect healing, generate development, and gain new knowledge (Friedman, 1986; Imber-Black, 1986; Karpel, 1986). This is a competency approach emphasizing family strengths rather than weaknesses.

The success orientation of adventure family therapy diminishes families' initial defenses and leads to healthy change. The resource model is represented by the emphasis on the family's competence. The successful completion of activities enables the families to focus on their abilities rather than their dysfunctions and to gain a sense of mastery. While struggling through progressively difficult tasks, families discover strengths and untapped resources. Family members notice positive qualities in each other that had been lost in their coercive cycle of conflict. Moreover, families learn that they are capable of coping constructively and effectively during periods of high stress. The activities provide a common goal and sense of purpose that challenges the family to work together toward a shared accomplishment. Through this process, healthy functioning is reinforced and self-empowerment is achieved (Gass, 1990).

Competence may be further enhanced through the direct employment of skill training. Although generally considered a form of enrichment rather than therapy, skill training can be easily integrated into the adventure family intervention due to the relatively structured nature of the therapy (L'Abate, 1981). Thus, skills important to normal family processing can be taught. The adventure activities continually set up enactments where families can practice the skills, and the therapist can observe and modify family interactions.

Adventure family therapy is well suited for the emphasis on brief therapy that has resulted from the growth of managed care. Brief therapy is not simply a short-term version of traditional therapy. Papp (1976) contends, "brief therapy, by its very nature, must be highly structured, intensely focused, and directive" (p. 350). The therapist must structure tasks to compel families to view their problems differently, relate to each other differently, and conceive of change differently. This cannot be accomplished through intellectual insight alone, but must include physical and emotional components as well. The form that a problem takes becomes rigidified through repetition, and the problem is inaccessible to change as long as it remains in its predictable form. The task of therapy is to cast the problem into a new and more flexible form, which renders it accessible to change. In essence, the problem changes as the form changes (Papp). Using adventure activities to access the problem, through the use of metaphor, clearly accomplishes this goal.

When employed in a group setting, the multiple family therapy format is another tool that contributes to the power of the adventure family intervention. It provides an opportunity to learn from other families and share observations about how other families operate. Family rules and myths can be challenged and new perspectives offered. The group offers a cross-generational variety of substitute figures for transference which allows the individual to experiment with behaviors not yet tolerable in one's own family (Leichter & Schulman, 1972).

Model

In 1991, some of the pioneers of adventure family therapy attempted to document the scope and practice of the use of adventure activities with families (Gillis, Gass, Bandoroff, Rudolph, Clapp, & Nadler, 1991). They surveyed 44 adventure programs throughout the US that reported working with families. The results of this survey provided a descriptive view of the emerging field of adventure family therapy. Perhaps most importantly, the results identified four categories of intervention with families: 1) recreation 2) enrichment 3) adjunctive therapy and 4) primary therapy. A brief description of each category is presented below.

Recreation.

An engaging, "one-shot" family adventure program that would use a "family day" or "family hour" to complete its task in a single session would typify this format. The goal for such an experience would be to have fun, allowing the family to participate together in activities and leave the event with a "good" feeling. While it might be assumed that the recreational experience would represent the least therapeutic of the formats discussed here; this may not always be the case. Regardless of outcome, the true goal of this approach, however, is not therapeutic in nature but is recreational. Generally steps are not taken to frame activities with metaphors related to a particular family issue. Whatever therapeutic benefits might occur would be related simply to the family's participation in the adventure activities (Gillis et al., 1991).

Enrichment.

This format would be characterized by structured sessions that intentionally address common family issues. The goal would be to provide topic-focused skill building sessions (e.g., communication, trust, negotiation) employing adventure activities. The activities would be specifically related to the skill being taught rather than tailored to a particular family's issue. The families in an enrichment experience choose the intervention to improve their family functioning. The program may run over several weeks allowing for integration of the material learned in previous sessions. A good example of the enrichment format is the first part of The Family Challenge (Clapp & Rudolph, 1990). This program employed didactic and experiential methods to teach communication and trust to adoptive families (Gillis et al., 1991).

Adjunctive therapy.

This format would include family adventure experiences used in conjunction with a primary treatment approach. Primary treatment might be individual inpatient, an extended wilderness program, or family therapy in an office setting. The goal of this approach is to address family systems issues. Often, families are involved in such an intervention because they have a family member in treatment. A benefit of this format is its ability to shift the focus from the identified patient to the family in an engaging and impactful manner. The interventions in an adjunctive therapy format are planned to parallel treatment goals of a larger program or primary treatment approach. An example of this format is Project Choices where Gillis and Simpson (1991) utilized adventure activities in their family weekends at a residential center for chemically dependent youth (Gillis et al., 1991).

Primary therapy.

The use of an adventure activity or sequence of activities as the primary change agent would best identify this format. Another important characteristic would be that the activities are prescriptively tailored to address a specific family's problem. It is possible to incorporate this type of intervention in a traditional office setting, or it might be staged outside and/or on a low element challenge course. In a multiple family therapy setting, the intensity and specificity of this intervention would likely require a one-to-one therapist to family ratio, and the families would need to share a very similar problem. The following criteria are suggested for defining a primary adventure family therapy program (Gillis et al., 1991):

> 1) The goal of the therapist is to make a lasting systems change in the family using adventure activities as a primary therapeutic modality.
> 2) The level of assessment completed prior to the adventure family therapy experience attempts to narrow the focus to specific family issues.
> 3) The framing used in presenting a naturally isomorphic adventure activity is therapeutically intense (Gass, 1991b).
> 4) The sequencing of isomorphic activities by the therapist is focused in an effort to achieve lasting systems change in the family.
> 5) The debrief is used by the adventure family therapist to punctuate the metaphor or to reframe inappropriate interpretations of the experience (Gass, 1991).

An example of a therapist attempting to achieve the level of intensity and specificity described here while maintaining the adventure intervention as the primary therapeutic modality can be found in Gass (1993). Due to the brief history of adventure family therapy and the sophisticated nature of this intervention, the primary therapy format may be more of a goal than a reality at this point (Gillis et al., 1991).

These formats provide a framework for conceptualizing adventure family interventions. However, like most models, when applied in the field, theoretical distinctions tend to become blurred. This is only a roadmap to assist practitioners in understanding what it is that they are doing and in establishing clear and realistic goals for their interventions. Ringer and Gillis (1995) highlighted the utility of such distinctions in their article about managing psychological depth when processing adventure experiences. Being clear about the purpose of the intervention is necessary for practitioners to operate ethically and provide an experience that is congruent with the services for which the client has "contracted." Managing psychological depth is especially important with families, who are often marked by volatility, and where the presence of significant others may compromise an individual family member's confidentiality. Practitioners with a clear sense of the purpose of the experience are better able to avoid being drawn into issues that they neither have the time or expertise to adequately address.

Settings

Adventure family therapy interventions have been incorporated into a variety of settings. At the time of the survey (Gillis, et al., 1991), the majority of programs utilizing adventure family therapy were hospital-based. These generally consisted of one-day adventure family interventions used as an adjunct to psychiatric or alcohol and drug programs. Typically, the adventure programming centered on the low elements of a challenge course. The prevalence of challenge courses at psychiatric facilities, and the correlated staff familiarity with their operation, likely contribute to their popularity in the application of adventure programming with families. It is important to recognize the need for caution in using such a powerful intervention for a one-day family intervention. Creal and Florio (1986) warned that an adventure family therapy experience might bring emotionally laden issues to the surface too quickly for such a format. This is a good example of the need for trained staff who are skilled in managing psychological depth since it would be critical for providing an effective and ethical experience.

One of the most promising applications for adventure family therapy is in wilderness programs serving problem adolescents. Adventure therapy has been demonstrated to be an effective short-term intervention for problem youth, evidenced by its positive effect on self perceptions (e.g., Kelly & Baer, 1969; Gaston, 1978; Gibson, 1981), social attitudes (e.g., Boudette, 1989; Kelly & Baer, 1969; Stewart, 1978), interpersonal relations (e.g., Gibson, 1981; Weeks, 1985) and delinquent behavior (e.g., Hileman, 1979; Kelly & Baer, 1971; Cyntrynbaum & Ken, 1975). However, the durability of such changes has remained questionable (Bandoroff, 1989). Returning an adolescent to a dysfunctional family system that continues to support old problem behaviors may explain why it is difficult for adolescents to maintain new attitudes and behaviors acquired during an adventure therapy expedition. The adventure therapy model has operated from an individual bias, perpetuating the notion that the problem lies within the child. It is arguable that for therapeutic gains to be maintained, the broader perspective provided by family systems theories may need to be adopted and applied to the adventure intervention.

In an attempt to address family systems issues and develop reinforcers to sustain positive changes, Bandoroff (1994) conducted a 4-day wilderness-based, adventure family therapy intervention at the conclusion of a traditional 21-day wilderness program. The adolescent's role as a competent resource in the wilderness environment provided a unique opportunity to unbalance the family system. This coupled with the increased intensity achieved by removing the families from their familiar environment created a powerful vehicle for modifying the family structure. Although the quantitative analysis of the Family Wheel Program was inconclusive, a qualitative evaluation indicated that the experience strongly impacted participants. Such an adjunctive adventure family therapy experience could be offered on an outpatient basis after the adolescents returned home from the wilderness. Some of the unique advantages of the wilderness setting would be sacrificed in exchange for increased feasibility and accessibility.

Adventure family therapy interventions are well suited to an outpatient setting with or without accessing the outdoors. Adventure activities serve as powerful catalysts to generate discussion around important issues facing families. This can occur in a group environment taking advantage of the many benefits of multiple family therapy. Perhaps, the most challenging setting for employing adventure family interventions is within the therapist's office during a conjoint family therapy session. Although it may still be beyond the skill level of most therapists to employ adventure family therapy as the primary therapeutic modality, many therapists are finding adventure activities to be a powerful tool in their bag of tricks for treating families.

Training and Research

Clearly, one of the issues that limits the application of adventure therapy with families is training. To date, there are no training programs that provide the "cross-training" necessary to develop competence in this approach. The adventure family therapist must be skilled in both the areas of family therapy and adventure programming. The majority of practitioners employing this approach have "accumulated" training through a combination of academic coursework in traditional family therapy supplemented by seminars and work experience in the adventure field. The lack of formalized training in adventure family therapy may perpetuate the notion that true cross training is not necessary (Gillis et al., 1991). Gillis and Gass (1993) warn, "It is deceptively simplistic to think that having been trained in either field exclusively qualifies one to add the other field without sufficient preparation" (p.283). The need for cross training is especially important for work with families who are typically chaotic, volatile, and unpredictable.

Being a relatively new field, research on the use of adventure programming with families remains preliminary. After a review of the studies and descriptive articles in the literature, Gillis and Gass (1993) concluded that the outcomes of adventure family therapy programs demonstrate promise for treating alcoholic families and families of problem adolescents. They suggested that more studies, using traditional systemic assessment measures, are needed to demonstrate the efficacy of adventure therapy with families.

Summary

The field of mental health has increasingly come to recognize the importance of the family system in creating lasting change. During the past decade the family has become the target of many therapeutic interventions. In the therapeutic adventure field, this zeitgeist has led to the establishment of adventure family therapy. The adaptation of adventure activities for use with families has provided a powerful tool for the assessment and treatment of families. Interventions within the domain of adventure family programming seem to fall into four categories: recreation, enrichment, adjunctive therapy, and primary therapy. Distinguishing between these formats is useful in planning purposeful interventions and necessary to provide ethical treatment to families. The primary therapy format requires that adventure activities be the primary therapeutic modality and be employed toward the goal of achieving lasting change. This presents practitioners with a challenge to develop strategies and techniques to realize the potential of this promising intervention. Early outcomes appear encouraging and more research is strongly recommended. Further study and training in adventure family therapy should yield advances in the theory and application of this exciting modality for the treatment of families.

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Exploring Together Outdoors: A Family Therapy Approach based in the Outdoors

By Robyn Mulholland & Antony Williams

Abstract

Four mothers and their four daughters who were experiencing conflictual relationships were taken on two adventure therapy weekends followed by a family day. Questionnaires regarding changed perceptions of competence in self and other, and changed relationships within the mother-child dyad were completed after each occasion. All parties reported important changes in how they saw themselves and the other family member: these changes included more liking of each other, less conflict, more communication, a greater sense of physical competence and increased personal confidence. These results are discussed in terms of blending certain family therapy practices with adventure therapy.

Introduction

Having mothers and daughters in a workshop together may in itself be unusual. Pregan-Simon (1987) conducted one such workshop in the US with thirty-three participants. The theme of their workshop had been connectedness and separation. The workshop was run over six sessions and did not involve wilderness experience. We have been unable to find reports of mother/daughter work using adventure therapy, though in all probability it does go on unreported. Despite lack of reports, the senior author was convinced that an outdoor challenge experience, combined with appropriate therapeutic interventions, would be useful for mothers and daughters in trouble.

The Exploring Together Outdoors Program was therefore set up as part of the Family Skills Project at Broadmeadows Family Services. By integrating family therapy interventions with adventure therapy, the program provides an opportunity for mother/child dyads that have a conflictual relationship to develop more positive connections.

To participate in the program, the mothers must first have attended a parenting skills group. There, they gain some understanding of factors underlying their children's behaviour, improve their communication skills, learn behaviour management techniques, and practice problem solving. The age range for the children participating in Exploring Together Outdoors is from seven to eleven years, with a maximum of two years' difference between them on any one program. Two female staff experienced in both family therapy and adventure therapy facilitated the group of four mothers and their four children.

The program begins with a three-day outdoor challenge weekend based around camping in the bush, extended walks and other activities such as rockclimbing and abseiling, canoeing, or in the case of the group described in this article, horse trail riding. After the first weekend there is a follow-up meeting, a second outdoor challenge weekend some months later, and finally a family day.

Rational for the Program

Adventure therapy.

The facilitators hope that by changing the context of interactions between mother and child, changes will occur in the interactions themselves. It is a common human experience to have different conversations, even with the same person, that are brought about by a different setting: the kind of talk one might have with someone in a Turkish bath is different from that I would have in the kitchen at home. One's discourse whilst body surfing is likely to differ from that conducted whilst channel-surfing. In terms of the Exploring Together Outdoors program, the way a mother speaks to her daughter from the swaying back of a large horse is not the same, as she would have sitting in the back of a car. If a mother is attempting to control a horse, and her daughter is beside her attempting the same, the interaction between them takes on a particular intensity, and might be accompanied by urgency, fear, exaltation, watchfulness or delight. The back of a horse, or the edge of a cliff certainly provides opportunity for what Bandorff & Scherer (1994) call "therapeutic unbalancing." The physical and emotional stress of the experience, as well as the amount of time the dyad is together without everyday distractions, accelerates the likelihood of emotional intensity. The "spirit of the bush" may also play its part: seeing a herd of kangaroos leaping across the paddock at the sight of humans; cooling off under a waterfall; the smell of eucalypts in the heat of the sun; and being woken at dawn by the sound of laughing kookaburras.

Yet, the intensity physical activities in and of themselves are not necessarily "therapeutic." When do they become so? Mothers and daughters participating in adventure activities together, each struggle with the unknown. Because the activities are equally new to each, it is okay, at the time or at the end of the day, to admit weakness and fear. There is also the opportunity for members of each dyad to begin to notice positive qualities in each other. The parent, especially, is able to view her child in a new light of competence and capability as each of them grapples with unfamiliar challenges of survival (Bandorff & Scherer, 1994). In this struggle, and in taking up her new view, the mother is supported by the group facilitators to try out different parenting strategies. The therapy is not so much in the adventure itself, though it is helpful to step outside one's normal areas of competence and comfort. The therapy evolves out of the adventure triggering quite different aspects of life to think about, and quite different lights in which to view one's parent, one's child, or for that matter, oneself. The muscle in adventure therapy is less important than the mind — but it does matter. The "muscle" involved in doing challenging activities together helps to disrupt homeostatic interactive patterns that maintain problem behaviour.

The small group environment provides an opportunity for reinforcing the experience of acceptance and accepting. Those who speak may experience acceptance from peers and learn more about negotiating their reality in the world through self-disclosure. Even a person who does not say very much can vicariously learn from her peers. The group's acceptance of her silence gradually gives her the confidence to engage further. The formally withdrawn Molly says, "I was able to talk about anything; I was feeling good, instead of inadequate." Nine year old Colleen reflects that "other people are the same as me, they don't have their dads. That has been good."

The group forms a powerful matrix for individual conversations: the mother and child "notice aloud" things about each other and the other mothers and children also observe and comment. Even small changes are expanded by this commentary: "When there is evidence of progress, even if it is meagre, talking about it allows the conversation to move naturally towards such constructive subjects as what made the improvement possible and who did what to bring it about" (Furman & Ahola, 1992, p110). Interactions between all parties provide material for review and coaching by the group leaders. It must be said that not all the talk is about the day's adventure: adventure and heroic deeds provide only the conversation's starting point. At the end of the day, children go off to play, and the mothers talk about parenting, budgeting, schooling, men, sex, contraception, their aspirations, their beliefs and other topics dear to nearly everyone's heart. Sitting around a campfire seems to entice this type of conversation, so difficult to have if one is competing with TV, telephones, harsh lights and other everyday demands.

In short, most of Yalom's (1985) celebrated "therapeutic factors" for groups are met: interpersonal learning input via feedback; interpersonal learning output via new behaviour; installation of hope via noting progress of others; guidance — receiving advice or suggestions from the leaders or fellow members and so on. Even the mothers' apparently casual talk of life, sex, parenting etc. is a powerful group therapeutic factor, which Yalom calls "universality." Last of all, the existential factor. Adventure itself brings this to the forefront: though on the adventure there is always someone to help, one also is conscious in the moment of real or perceived danger, that one faces life alone and takes responsibility for it.

Family therapy.

The adventure therapy component of the program did not seek to create heroic individuals; rather, a change in relationship between mother and daughter was ambitioned. Family therapists tend to believe that "when there is a shift in the nature of interaction among family members, this makes it possible for the individual to change, and when the individual member changes, the rest of the family will be affected in turn" (Berg, 1994, p8). "Family therapy" used to be more rigid in its views, suggesting that the only effective way to change anyone was to change the large system around them. The word "family" no longer necessarily includes "mum, dad and the kids," since they may not have seen each other for some time. "Family" can now mean many different combinations of adults and children. It is accepted in current practice that one may see individuals, families or parts of families and still call one's work "family therapy." Even in working with individuals, one can maintain a "systemic focus." The program subscribes to the belief that it is easier and more lastingly effective to change a troubled system if at least the most relevant parts of that troubled system are present. In the context of this program, the most relevant parts of the system are the mother and daughter.

Since its inception almost 40 years ago, a variety of theories and approaches to family therapy have emerged (Goldenberg and Goldenberg, 1985). As with individual psychotherapy, there appears to be no comprehensive theory of family therapy acceptable to all practitioners, nor a unitary method of clinical intervention (Smyrnios and Kirkby, 1992). Common to family therapy approaches, however, is the notion that behaviour emanates from the context in which it occurs: the set of family relationships and its interface with other social systems. Whatever their origin, problems are maintained by the current interactions within the system and frequently emerge when the family is faced with a major life stage transition (James and McKinnon, 1986). The approach does not necessarily seek to create insight on the part of the family members, nor is it interested in the recovery of feelings *per se*. It is also characteristic of most family therapy approaches to eschew linear explanations in favour of circular explanations and circular interactive patterns around a complaint (Selvini Palazzoli, Boscolo, Cecchin & Prata, 1980). By taking away the mothers and daughters together, one has a better chance of observing these circular patterns and drawing attention to them. We are particularly interested in "virtuous cycles" (when something is going well) rather than "vicious cycles" of interaction.

This interest in "virtuous cycles" is characteristic of our main intellectual sources in family therapy — Solution Focused Therapy (de Shazer 1985, 1988, 1991, Berg 1994) and Narrative Therapy (White & Epston 1989, 1989-1991). Using solution-focused therapy, we work with the participant's strengths rather than weaknesses, and pay attention to such things as when the mother is being competent, nurturing or responsible; or when the daughter is demonstrating pro-social skills, courage, independence or being resourceful. By acknowledging these competencies, we aim to strengthen the parent-child bond and empower the family as a unit. The participants are encouraged to give up the familiar, self-limiting stories they tell about themselves and to step into other possibilities in their lives. That is why one of the tasks for the mothers was for them to allow stories of success in their parenting to flourish, and for the daughters to allow stories of success in their being a responsible daughter and a likeable friend to emerge. It is a given in contemporary solution-focused and narrative therapies that reality consists of interpretations which arise from dialogue between interacting participants. The new stories that the mothers and daughters tell about themselves and each other become "reality" just as the old stories had been. The shift in this type of therapy is away from therapy as "science" with the therapist as sole expert and arbiter of therapeutic outcome. The move is towards a collaboration of client and therapist, with profound respect for the inherent competencies of the client to create and construct new meanings (Cantwell & Holmes 1994).

Program Description

At the time of recruitment, participants were interviewed to brief them on the program and to determine their suitability. The philosophy of the program was outlined; mothers and daughters were told that although there is an element of fun, the purpose of the program is essentially therapeutic — the outdoors is a context for new ways of being together. They were also told of the physical nature of the program and asked whether they feel able to participate actively. The participants were finally selected according to criteria which included their desire to improve their relationship with their child, a reasonable level of physical fitness and their commitment to the time required to complete the program.

When the group first came together at the arranged meeting place on Day 1, time was spent linking participants through the use of sociometry. Briefly, sociometry is a way in which a group of people measures itself, conversationally or in action, along various lines of similarity, dissimilarity and choice (Moreno, 1946; Hale, 1981; Williams, 1991). Non-threatening sociometric criteria included: child's place in family; prior experience with some of the activities; who knows who; school year; parents connection to BFS; who has been away from their family before, and so on... Using these and other criteria, and expressing differences spatially, the group obtained an early and painless "read-out" on itself. In order to lessen some of the anxieties and barriers they may have brought with them, group members were also encouraged to share their wishes and fears about the weekend. Group rules were established around caring for the environment, safety issues, participation and group process. Consequences of breaching these rules, especially those around safety, were agreed upon ("Discussion about the issue"; "1st warning"; "2nd warning"; then "Time-out for the third breach").

On arrival at the campsite, each dyad was issued with camping equipment and instructed how to select a site, pitch a tent, and ensure waterproof storage of their belongings. Firewood was gathered and once the chores are done, participants were encouraged to explore their surroundings. With this invitation the first of the safety rules immediately comes into practice: "Outside the camp always go with someone else and tell an adult where you are going." This time of exploring allowed participants to gain a sense of unity and harmony with the environment that can come with being in the bush.

Each day's activity was chosen so that success was highly likely; mastery of the task and its associated fears was intended to lead to feelings of achievement and increased confidence. At times the child might have superior physical skills — more agility, for example, while in another activity the mother's experience of life may be what enables her to succeed at the task. The strangeness of the physical environment for these intensely urban women and children presented many confronting moments. Yet it provided them with the opportunity to be of emotional and physical support to one another, and to experience themselves behaving in new ways.

The evening sessions were used for individuals to reflect and process the day's activities. Each person was asked about the day's high point and low point for them, and other questions deliberately designed to highlight differences — before/after; when they were afraid/when they weren't; when they felt connected with each other and when they did not. This battery of questions about difference is designed to bring "news of difference" (Bateson, 1980) — appreciation of contrast that leads to change. The leaders also focus on the two audiences of change — audience of self and audience of other (White & Epston 1989-1991). Thus "What have you noticed about yourself today?" is a question inviting personal reflection; the person becomes audience to her own performance (audience of self). Questions soliciting a fantasy of what other people might have noticed: "What do you think your Mum saw in you today that might have surprised her?" are "audience of other" questions. Unreported change tends to go unnoticed and to die out, whereas change that is reported as being performed before these two audiences becomes magnified by the questions: it tends to increase in significance for the speaker. All the participants were taught simple principles of the reflecting process, and the group acted as a "reflecting team" offering the possibility for each individual, as they listen to the team, to ask themselves new questions, thereby drawing new distinctions (Anderson, 1991).

When the more structured processes were completed, there was time for music making — singing and playing instruments around the campfire — and/or everyone gave or received an orchestrated group massage. Even though all parties were clothed, this physical contact involved much trust and high dedication from the group, since many of the women have experienced physical and sexual abuse. When they have assured themselves that this is a safe arena for touching, both the mothers and the children seemed to relish the contact and nurturing of many hands.

Participants spent the afternoon of the last day reflecting, prompted by the use of a questionnaire, on their own and their dyads' achievements and changes. Each mother/child dyad then shared their insights with one another before finally sharing in the whole group.

Three weeks later the group met for afternoon tea and to view photographs. During this time, they are asked, "What has been the most significant change in your relationship since the weekend?" and "What was the most helpful thing about the weekend?" These questions were aimed to reinforce the noticing of difference which could help new stories about the relationship develop.

The follow-up weekend, three months later, took place at a different outdoor site. The aim once more is to provide opportunities for the development of a positive relationship between mother and child, increased sense of competency in outdoor challenge activities, heightened self-awareness, learning about oneself through feedback, and practicing new ways of responding to particular situations. The format is the same as described for the first weekend, and again a questionnaire was completed.

The final aspect of the program occurred three months later; it involved all persons from the four families spending a day together in the bush participating in outdoor activities. This day was designed so that the rest of the family could better relate to what the mother and child had been taking part in throughout the program. The dyads completed, for the last time, a questionnaire focused on comparing the mother/child relationship and looking at personal insights.

The program period incorporated the initial parenting group; weekends and family day is about one year. The results to be presented next are from the first completed group. Since then, the senior author has completed other groups with mothers and daughters, as well as one group with mothers and sons. She has also conducted adventure processes, along similar lines, with mothers and daughters in the deaf community. For the present study, all participants willingly gave their permission to be quoted and for their answers to the research questions to be published. Their names have been changed: for the sake of clarity, each pseudonymous child's name begins with 'C' and each mother's with 'M'. Results are usually presented in dyads – i.e., Carly is Mary's daughter, Corina is Melissa's and so on.

Participant Profiles

Mary, 31 years old, presented as isolated and lonely. She had been sexually abused as a child, lacked confidence in her ability to parent, had financial problems and was "very depressed." She had two children, with Carly being the eldest. Mary's difficulty with

Carly was expressed by an apparent dislike of her. She alternated between apparent indifference to Carly or seemed overdemanding of her.

Carly, 7 years old, was eager to be involved in the group but was constantly seeking her mother's attention. She had difficulties making friends and in observed group situations prior to the outdoors program, tested the basic rules of the group, yet appeared relieved that there were some.

Melissa, 33 years old, was ten when her mother died, and soon after, upon the death of her father, was placed in an institution where she was sexually abused. In the group, she showed an apparent need to be "in control." She had marital problems around her husband's drinking and gambling, was finding it hard to show emotion or to meet her children's emotional demands, and had difficulty in seeing positive aspects in any of their three children. Melissa complained of Corina's stealing and lack of caring for her siblings.

Corina, 8 years old, and like Carly, the eldest, was reserved and unsure of herself, stealing at home and at school. Corina appeared anxious with her mother, as if the relationship were highly unpredictable. In her mother's presence she presented as anxious and cautious, when her mother was not there she appeared more like a very sad child.

Michelle, 35 years old, was depressed and had been suicidal on and off since the unresolved breakdown of her marriage. She evidenced a great sense of desperation and impotence as a parent of two children. Her relationship with Cilla, the youngest child, was very hostile.

Cilla, 7 years old, had been kicking and hitting at school and having difficulties with peer relationships. She had an inappropriate wish to be an adult; e.g., wearing sanitary pads, makeup, and attempting sexualized kissing. She "dominated" the family, and operated from a long history of "being in charge."

Molly, 36 years old, was alcoholic and still grieving from an unexpected separation from her husband. She was sexually abused as child, had a poor self-image and formed violent, aggressive relationships, towards her four children, she was verbally abusive and "hated" physical contact with them. She considered Colleen to be "an absolute smarty-pants".

Colleen was 9 years old. Confident, she stood up to her mother. Unlike her mother, who thought of herself as "no one", Colleen seemed to like herself and was proud of the things she could do.

Method

Questionnaires.

A simple questionnaire was generated specifically for the program. It needed to be such that both mothers and children could answer more or less the same questions. There were nine questions in all. The researchers understood that each question, as well as soliciting information, also provides information — "news of difference" — to the respondents. They were aware that to ask, for example, "What was different between you and your mother (child) this weekend?" (Question 1) triggers thinking about such differences. Other questions, such as "What have you appreciated in your mother (child) this weekend?" "What is one physical capability you didn't think you had, that you have discovered?" and so on are hardly neutral. They are designed to give information to the researcher, but they also are intended to push forward the work of the program. The workers believe that a researcher in social science inevitably influences the research itself, and that "neutral experimenter" is an impossibility in any case (Lincoln & Guba, 1985; Marshall, 1989).

Question 7, "Who do you think would be surprised at you having these abilities?" This question creates an "audience of other" (White & Epston, 1989-1991) awareness in the respondent as well as doing its face-value job of informing the researcher. The former task was regarded as the most important. Similarly, question 8: "If you continued to have these capabilities, where do you think they would lead you?" projects the respondent's mind into a future of competence, as well as letting us know the answer.

Administration of questionnaire.

The questionnaire was administered on the last afternoon of the weekend, just before everyone left for home. One facilitator worked with the parents, the other with the children, only offering help if a person had difficulty understanding a question or with writing. The facilitators attempted to be as "neutral" as possible, within the constraints outlined above.

Despite the brevity of the questionnaire, the process took two hours to complete. Mother and child wrote their answers in separate groups; then each of mother and child dyads got together to discuss what they had written. After this more intimate process, all parties returned to the large group and shared what they wished to speak of with the other dyads and the facilitators.

Because of the volume of the results, and the number of times participants were questioned, only the results at the end of the first and second weekend are presented here. The reports from the photo meeting three weeks after the first weekend, and results from the final group meeting — the family day — are displayed in Appendix A & B. None of these results contradict what is presented here, and the reader is encouraged to peruse the Appendices for confirmation.

Results

Results from the 1st and 2nd weekends questionnaire are presented based on the questions asked.

Question one was "What are two things that have been better, worse or different between you and your mother / child this weekend?" A comparison of the results is presented in Table 1.

In the period after Weekend 1, the major changes that mothers and daughters noticed was the lessening of aggression, as indicated by the frequent response " We didn't yell." After the second weekend, the focus changed to one of less worry, more responsibility taken and given, and managing behaviour in ways other than fighting and yelling.

The comparison of the responses for the two weekends for question two is presented in Table 2. The second question was "What things have you appreciated in your mother / child this weekend?"

Table 1
A Comparison of the Responses for Question one

Name	Weekend 1	Weekend 2
Carly	M. not yelling. M. happier	M. wasn't growling
Mary	Didn't yell or annoy each other	C. was more independent
Corina	M not yelling, was smiling and being nice.	M. better at horseriding
Melissa	Didn't yell, fight. Less anguish	Less fighting and arguing.
Cilla	No fighting, more fun with M.	M let me go to the creek. Didn't force me horseriding.
Michelle	C. more responsible.	C. being responsible
Colleen	Liked the same things as other.	M. was proud of me and gave me more freedom.
Molly	I less angry, C less demanding	C having fun. I worried less.

Table 2.
Comparison of Responses for Question two

Name	Weekend 1	Weekend 2
Carly	M. said something nice to me. M. can bushwalk	More freedom
Mary	C. less whingeing /dependent. C. tried to get along with kids.	C. independence and fairness Not whingeing so much.
Corina	M. went horseriding.	M. horseriding. Not yelling
Melissa	C. more independent	C. left me alone and went horseriding when scared.
Cilla	M. let me do more myself	M. lets me do more things.
Michelle	Just having her	C. didn't do something she didn't want to.
Colleen	M. could horseride	M. let me do anything.
Molly	C. well behaved. Pleased with her stickability horseriding.	C. more independent. Supported others horseriding even when scared.

During the first weekend the children were mostly appreciating their mother's physical prowess, while for the mothers, it was their child showing greater independence, which pleased them, most. By the end of the second weekend, both mothers and daughters indicated that freedom and independence were the most appreciated quality in the other.

The third question was "What are some physical capabilities you didn't think you had that you have discovered?" A comparison for the two weekends for this question is presented in Table 3.

Table 3
A Comparison of Responses for Question Three

Name	Weekend 1	Weekend 2
Carly	Horseriding and bushwalking	Throwing a frisbee
Mary	More stamina	Enjoyed bushwalking and being with other people.
Corina	Working the reins	Trotting the horse
Melissa	Controlled anger, horseriding	Horseriding
Cilla	Horseriding	Feeding a horse
Michelle	Patience, horseriding	Own being wrong. To apologise
Colleen	Horseriding	Not scared horseriding
Molly	Bushwalking	Helping 2 kids run away from a cow

All participants reported discovering new physical capabilities, with the children in particular using the second weekend's activities to build on the skills they had developed during weekend one. This is demonstrated in Corina's statements where on the first weekend she discovered she could "work the reins" and on the second weekend found she could "trot the horse." Horseriding was clearly a highly favoured activity, eclipsed only by cow avoidance.

Question four was "What have you noticed about your thinking that is different?" The responses for both weekends for this question are presented in Table 4.

Table 4.
Comparison of the Responses to Question Four

Name	Weekend 1	Weekend 2
Carly	I can have fun	Feel better, less angry.
Mary	Need to make effort to enjoy what life has to offer.	Not dwelling on problems.
Corina	I know how to have fun.	Got on better with other kids.
Melissa	I don't have to be on C. back all the time.	Less angry and stressed.
Cilla	I know how to make friends.	Happy, less sad.
Michelle	Need to be more tolerant	To try, even when afraid.
Colleen	Other people are same as me; they don't have their dads. That's been good.	Happy, not sad.
Molly	Realised I can get on well with others.	Less stressed, more relaxed.

The response to this question on the first weekend by most of the children and Molly was about being able to have fun and make friends, while for Colleen the normalisation of the family situation was significant. The other three mothers acknowledged the need to change some aspect of their behaviour, particularly being more relaxed and tolerant. After the second weekend there was a strong focus from all on being less angry and stressed, less sad, and more relaxed and happy.

Question five was "What capabilities did you notice in yourself when mixing with others?" Comparisons of the responses for this question are presented in Table 5.

Table 5
Comparison of Responses to Question Five

Name	Weekend 1	Weekend 2
Carly	Fit in with others, more polite.	Mix with others better.
Mary	Able to talk and interact with others. To be patient.	Compromise; see other points of view.
Corina	Made friends with Colleen who I didn't know.	Less fighting. Less yelling with M.
Melissa	Laughing and enjoying others.	Nothing
Cilla	I know how to listen.	Patience with other kids.
Michelle	I need to think before acting.	More assertive.
Colleen	Happy and excited.	Helped others horseriding.
Molly	Able to talk about anything. Feeling good, not inadequate.	Could be myself.

Both mothers and daughters noticed skills in friendship, social ability, and feelings of competency and wellbeing on weekend one. After the second weekend, several mentioned self-restraint leading to greater sociability while the remainder made various responses ranging from noticing "nothing" to being more assertive.

The sixth question in this study was "What do you think your mother / child has noticed about you this weekend?" Results for the comparison of the responses for this question are presented in Table 6.

Table 6
Comparison of the Responses for Question Six

Name	Weekend 1	Weekend 2
Carly	I got on with others.	Thinks I'm responsible.
Mary	I was patient.	I was sociable. Not yelling
Corina	I made friends.	Good at trotting a big horse.
Melissa	Nothing, she was busy having fun.	Not yelling.
Cilla	I listened.	I can be nice.
Michelle	Nothing, she was having fun.	Not confident, but give it a go.
Colleen	That I was happy. She gave me happy looks.	I'm responsible. Can horseride
Molly	I was talking to others.	Not yelling, played games.

On weekend one, all the children and two of the mothers thought their mother / child noticed that which they had all observed in themselves, while the other two mothers didn't believe the children had noticed anything about them. After the second weekend, the replies to the question showed a growing ability to reverse roles with the other which perhaps enabled comment on capabilities other than those which they themselves had stated.

Question seven asked, "Who do you think would be surprised at you having these abilities?" The responses for the two weekends are presented in Table 7.

Table 7
Comparison of Responses for Question Seven

Name	Weekend 1	Weekend 2
Carly	Nana, dad, mum, family services	Mum, dad, nana, brother
Mary	M. in law, Carly, ex-husband, myself	Myself, Carly
Corina	Dad, mum	Dad, mum
Melissa	Myself	Corina, ex-husband
Cilla	Dad	Dad and mum
Michelle	Myself	No-one, they know me well
Colleen	Mum, nan, brothers, sisters	Dad, Nan, friends
Molly	Ex husband	Friends

It is difficult to interpret the significance of responses to this question. One might tentatively postulate a widening of awareness in the social atom of changes made by participants; for example, Melissa after the first weekend said that only she would be surprised at her having the social and physical capabilities. Michelle had also thought that only she noticed, but after the second weekend took it for granted that her friends were already aware of what she could do. Molly dropped her ex-husband from the list but included her friends. The children remained fairly constant in their projections of who would notice the changes in them.

The eighth question asked, " If you continued to have these capabilities, where do you think they would lead you?" The responses for this question over the two weekends are presented in Table 8.

Table 8
Comparison of Responses for Question Eight

Name	Weekend 1	Weekend 2
Carly	Happy and Mum would take me more places.	A lot of difference. I'd keep my temper down.
Mary	Confidence, happiness.	Happier, more sociable life.
Corina	I'd have more friends.	I'd feel happier.
Melissa	Quieter house	Quieter, happier home.
Cilla	I'd be a happy person.	I'd feel better
Michelle	Experiment with new ways and things.	Do a lot more with my life.
Colleen	More joyful	Very happy life.
Molly	Confident, relaxed	Less stressed and bad tempered

After both weekends most of the children believed these capabilities would lead to them feeling happier, whereas the mothers focused mainly on confidence in self. In addition, Carly after the second weekend thought her new capabilities would lead to greater anger management; Molly also mentioned an improvement in anger management.

The Final question asked, "What things will be useful to continue doing when you go home?" The responses for the ninth question are presented in Table 9.

Table 9

Comparison of the Responses for Question Nine

Name	Weekend 1	Weekend 2
Carly	Being polite and going horseriding.	I will be less angry.
Mary	Do more things with my kids.	To use all these capabilities.
Corina	Fight less with mum.	Trotting horse, fight less with other kids. Yell less with M.
Melissa	Control my anger and enjoy holidays.	Horseriding.
Cilla	Listen more.	Happy, less sad. Being patient.
Michelle	Holidays like this.	To believe in myself.
Colleen	Doing things with mum. Not being naughty.	Help other people.
Molly	Calm, relaxed.	Horseride, playing with my kids

In response to this question the children maintained a strong focus on positive behaviour, self-control and co-operation with their mothers, while the mothers were more interested in play, prowess and enjoyment. One of the specifics of the adventures, namely horseriding, seemed once again to make a strong impression, not just for the time, but as a future competence and was mentioned by four participants. Overall, the types of responses after weekend one and weekend two did not vary greatly. From the start, perhaps, both the mothers and daughters knew the remedy for conflict and misery: stay relaxed; participate in the physical world; enjoy each other; believe in yourself.

Discussion and Conclusions

The purpose of the program had been for mothers and daughters, who had been experiencing a conflictual relationship, to develop a more positive connection with each other. The results following from each stage of the program, as well as those from the Family Day after nearly one year, suggest that the program's aims were achieved.

The results immediately after each weekend have suggested that, so far as the mothers were concerned, they felt better about themselves, were more confident with their peers, and felt much more positive about their relationship with their child — especially with respect to conflict and aggression. These results were common to all four reporting times, even up to a year afterwards.

That the results held up after a period at home, even up to a year later, suggests the changes are robust. Mothers indicated that they had a greater understanding of their children, that they reasoned with their children more, were able to reverse roles with them, and in general communicated with them more often and more satisfactorily. They felt better as parents, more in control, more reflective, less impulsive and less anxious. Each dyad had reported that they were happier with one another and "did" more together.

The program seemed to have been successful for the children, too: they noticed a more positive relationship coming from their mother to them — more amiability, trust and companionship; they also recognised their own ability to build and maintain friendships.

Exploring Together Outdoors requires many resources in terms of staffing and equipment: two staff facilitate a group of eight on each of the weekends and on the Family Day, camping equipment for ten is needed, as is a van and trailer. In the view of the Agency, the project was worth supporting on the grounds of reported success from other outdoor therapeutic programs for youth, the prior success of running its own mother-daughter groups "indoors," and the potential for the client group to make some significant changes in their lives. It seemed that this potential was realised.

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Appendix A

The responses to the questions asked during a meeting to look at photo meeting three weeks after the first weekend are presented in Table 10. The two questions asked were: 1) What has been the most significant change in your relationship since the weekend away? 2) What was the most helpful thing about the weekend? No analysis or interpretation is made of the data in Table 10.

Table 10: *Responses to Questions One and Two for the Photo Meeting*

Name	Question 1	Question 2
Mary	I explain more things to her and she does more things for me. We're working together more, rather than clashing. I feel as though we are on the right track, I have moved my focus off Carly and notice James more.	Comparing my lot with someone else's and realising I'm not too bad off.
Carly	Much better. Happier with each other.	Horseback riding, we both enjoyed that.
Melissa	It made me realise Corina is more responsible. Life's not so tough. I don't have to be so anxious. I take life more easy. We are on the right track. The situation is calmer.	To learn to take hold of a situation and do something about it rather than let it crumble around me.
Corina	It has been better. She trusts me more. We are happier with each other.	Mum letting me do things that other kids were allowed to do.
Michelle	Not yelling as much - thinking before I speak.	Even if I'm miserable I can still enjoy myself being with a group of people. When I get on with my own life it frees Cilla to get on with hers and then we clash less.
Cilla	We are a little bit better. Feel happier with each other.	I'm glad she went horseriding
Molly	Our relationship is heaps better but that's not so with the other kids. I saw Colleen differently - she worries more, isn't just a smartie pants. She has more feeling than I realised; she thinks of others not just herself.	To be away with strangers and to find I'm more competent as a human being than I ever realised and therefore I could appreciate Colleen's competency. It was the first time I hadn't felt left out in a group.
Colleen	We are understanding each other better.	That we did the same things and we do more things together now.

Appendix B

The responses to the five questions asked during the Family Day and final group meeting are presented in this appendix. The responses to questions one and two are presented in Table 11. The responses to questions three and four are presented in Figure 1. The fifth question is presented in Table 12. The five questions asked at this final meeting were: 1) What do you do differently now with your child / mum, compared to a year ago? 2) How do you think your child / mum is different to a year ago? 3) How often do you enjoy times with your child / mum now 4) How often did you enjoy times with you child / mum a year ago? 5) Which of the things that you discovered about yourself by coming to this group are you continuing to use? No analysis is presented for the data presented in this appendix.

Table 11

Responses to Questions One and Two for the Final Group Meeting

Name	Question 1	Question 2
Mary	I take the time to explain things to Carly. If Carly doesn't want to listen or understand, I don't let it steam me. I just ignore her unreasonableness. It is saving me a lot of stress. She's learning it no longer works on me (as much as it use to.)	I now see Carly as being a nicer child than I'd thought she was. I see her good qualities far better now. I see her not so good qualities as being mostly her own. I don't feel guilty all the time.
Carly	We talk more. We yell less.	She's nicer.
Melissa	I try to stop and think. Before, I would just start yelling.	What I thought was always naughty is just her nature, which I have to accept.
Corina	Go for bike rides and holidays.	She's nicer and more friendly."
Michelle	I explain to her only what she needs to know and I don't discuss everything in front of her.	I give her a go and don't rush in on every situation but view what is happening first.
Cilla	We go for walks together.	She fights less with Dad. She trusts me more.
Molly	I actually do things with her. I would never have done that a year ago. I would usually just sit and watch her and tell her to go away.	Well, a year ago Colleen annoyed the hell out of me and now she doesn't seem to annoy me as much. I understand her better, thanks to exploring together.
Colleen	Heaps of stuff. More outings. Lets me help around the house more	She seems to like being my Mum more. She's happier."

Figure 1. Responses to Questions Three and Four.

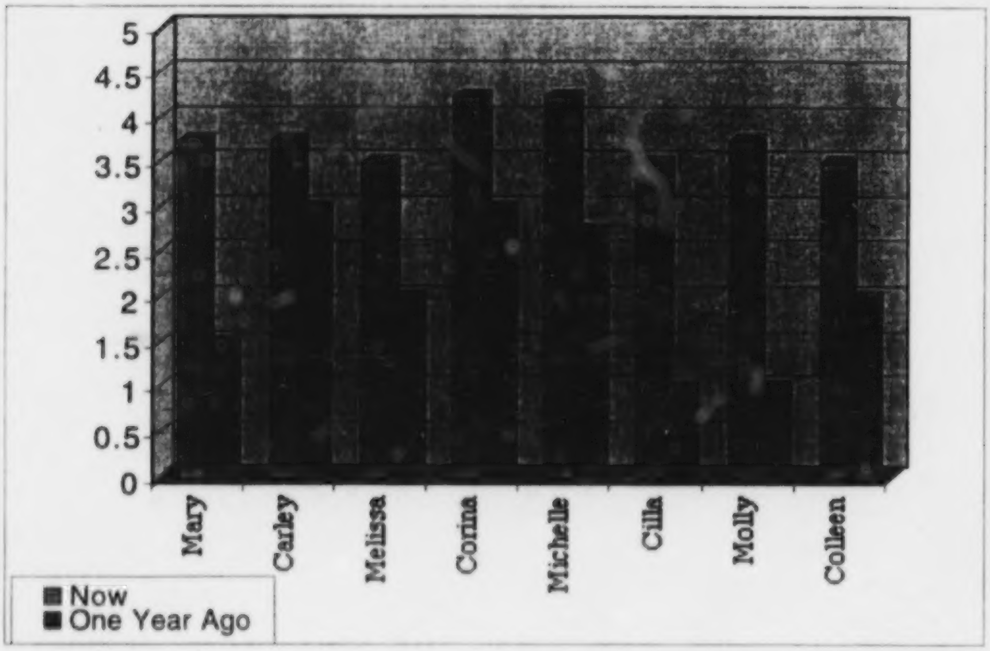

Table 12.

Responses to Question Five for the Final Group Meeting

Name	Question 5
Mary	TRY NOT TO OVER REACT TO SITUATIONS. I have more patience with both Carly and Jamie. I discovered that I'm not a bad parent, in many ways I'm a good parent. I discovered I could take back control from the kids and be an adult, the parent. (most of the time) I've learnt not to worry so much that the kids will hate me when they can't get what they want. I realise kids always have a love / hate relationship with Mum when they are young.
Carly	Love my Mum more.
Melissa	I stop and think rather than just start yelling. I try to be more patient and don't expect Corina to be older than she is. I realise that sometimes if you try things you will like doing them. I spend more time with Corina.
Corina	Horse riding. Being a good friend.
Michelle	Taking more risks than before, I've realised that taking a chance won't hurt but that sitting back is annoying.
Cilla	That I can be a good friend. I sometimes try doing new things.
Molly	Talking and understanding my child a lot better.
Colleen	Getting on better with others.

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Experiential Learning in Schools and Higher Education
The K.E.Y. Group (Keep Exploring Yourself)
The Theory of Experiential Education
Women's Voices in Experiential Education

Titles available from Simon & Schuster Custom Publishing Company (1-877-587-4666):
Administrative Practices of Accredited Adventure Programs
AEE Conference Proceedings
A Guide to Women's Studies in the Outdoors: Review of Literature and Research
Truth Zone: An Experiential Approach to Organizational Development
Wild Adventures: A Guidebook of Activities

Titles available directly from The Association for Experiential Education (1-303-440-8844):
Adventure Program Risk Management Report
Directory of Experiential Therapy
Directory of Therapeutic Adventure Professionals
Experience-Based Training & Development Programs Directory
Manual of Accreditation Standards
Schools & Colleges Directory

"This edited book chronicles a significant event in the field of adventure therapy — the coming together of some of the best thinkers and practitioners for the first International Adventure Therapy Conference. It is replete with solid articles on topics ranging from theory to facilitation to practice with a diverse range of clients. This book is a must for all those who practice, aspire to practice, or are even just curious about the process of adventure therapy. It will be found in our library, along with the books we most cherish as lighting the way in this emerging field."

— Dene Berman, Ph.D. and Jennifer Davis-Berman, Ph.D., co-authors of Wilderness Therapy: Foundations, Theory and Research

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